

Final report  
Global Health Workforce Alliance  
Online survey on the development of the thematic focus of the  
2<sup>nd</sup> Global Forum on Human Resources for Health)

## Table of content:

<b>Background and summary:</b> .....	<b>3</b>
This report includes:.....	3
Key figures:.....	3
List of participants:.....	4
<b>Chart result overview:</b> .....	<b>8</b>
Chart timeline:.....	9
Geographical distribution of responses:.....	10
<b>Comments:</b> .....	<b>11</b>
<b>Theme 1:</b> Improving quantity and quality of health workforce for equitable access to PHC within a robust health system.....	11
<b>Sub-Theme 1:</b> Improving the quality of health care delivery, including supported supervision, productivity of the human resources, and achieving MDGs.....	17
<b>Sub-theme 2</b> Inequality in distribution and access to health workforce to address political responsiveness and financial accountability to the poor people .....	22
<b>Sub-theme 3:</b> Regulation of private sector in developing .....	26
countries or low income countries .....	26
<b>Sub-theme 4:</b> Sharing countries' experiences, best practices.....	29
and new training methods for training the HRH: what works.....	29
and what does not work (methods of training for changing.....	29
the behavior of health workers) .....	29
<b>Sub-theme 5:</b> Governance / leadership of the governments.....	32
<b>Theme 2:</b> HRH investment for equitable health systems and improving.....	35
health outcomes.....	35
<b>Sub-theme 6:</b> Financing HRH in the light of the Financial Crisis: Efficiency and use of resources for sustainability.....	38
<b>Sub-theme 7:</b> Role of the Global health Initiatives (GHI) in contributing to HRH including the joint assessments of national HRH plans.....	40
<b>Sub-theme 8:</b> Interaction between the HRH and Health Systems outcomes.....	42
<b>Sub-theme 9:</b> The health workforce response: Political and financial accountability to the poor.....	45
<b>New themes and sub-themes:</b> .....	49

## Background and summary:

Following the first consultation held in Geneva in July 2009 on the development of the thematic focus of the 2<sup>nd</sup> HRH Forum, the Alliance Secretariat has broadened the participation to this process through an online survey.

The survey was launched on 25 August and closed on 25 September 2009. During this period, a total of 183 people took the survey. Most participants made good use of the open-end comment options offered with each theme and sub-theme. In addition, a number of respondents mentioned that they were grateful to be given the chance to express their views.

### This report includes:

- A brief summary, incl. background, table of content and key figures
- A series of charts providing the following data:
  - summary of results for the entire survey period
  - response rate on a timeline
  - distribution of responses by regions
  - distribution of responses by type of organization
- the list of participants who agreed to have their names and organizations listed
- the list of all comments related to each of the themes and sub-themes

### Key figures:

Today we account 183 completed surveys.

The top 4 themes/sub-themes are:

<b>Sub-theme 2:</b>	<b>Theme 2:</b>	<b>Sub-theme 7:</b>	<b>Sub-theme 10:</b>
78.20%	77.00%	76.40%	75.30%

## List of participants:

Note: the survey was open for anyone to participate. It was left to each participant to provide personal information such as name and organization. The following list includes only those who agreed to see their names on the final survey report.

Name and Surname	Organization
Joshua C. T. Formentera, Jr	Positive Action Foundation Philippines, Inc (PAFPI)
Dr. Pius Okong	FIGO and Association of Obstetricians and Gynecologists of Uganda and also PMNCH
Sheng Zhang	International Health Care Co-op Union
Dyness Kasungami	DFID
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sarah nabakooza	Mulago hospital
Ben van Heerden	Southern Africa FAIMER Regional Institute (FAIMER)
James Buchan	Queen Margaret University
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khamphanh Thepkaysone	Traditional Medicine Research center
Ottar Mæstad	Chr Michelsen Institute
KOUAME AFFOUE HORTANCE	MINISTRY OF HEALTH PUBLIC HYGIENE
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Matthew Foster	Royal College of Physicians of London
Marian Surgenor	University Hospital of South Manchester
Njoroge Kamau	HEADs Alliance
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Anantha Naik Nagappa	Association of community pharmacists of India; Manipal university,
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John Arudo	Aga Khan University East Africa
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Florence Baingana	Makerere University School of Public Health
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Name and Surname	Organization
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Potiphar Kumzinda	Christian Health Association of Malawi
Nigel Livesley	URC
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	Emory University
scott loeliger	global health through education, service & training
Caroline Mbindyo	African Medical and Research Foundation (AMREF)
CHARLES TWINOMUGISHA	HEALTH SERVICE COMMISSION
Dr. Neil Squires	DFID
Hirotsugu Aiga	Japan International Cooperation Agency (JICA)
othiniel musana	medical research council
DR ANDREW MWANIKA	MAKERERE COLLEGE OF HEALTH SCIENCES
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Shiba Kumar RAI	Nepal Medical College
felix rigoli	paho who Brazil
	PNG Midwifery Society
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Sara Javanparast	Flinders University
Akram Qutub	King Abdulaziz University
Abo Ismael Foshanji	Ministry of Public Health/GD HR
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Chaltone Munene	ESAMI
Kabatabazi Patricia	Community based Impact Assessment Network for

Name and Surname	Organization
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Osman Ferdous	University of Dhaka
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De Pietro Carlo	CERGAS Bocconi
Amit Subedi	Nepal Pharmacy Students' Society
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Audrey Kgosidintsi	Audrey&Associates
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Sheila Murray	HealthConnections International
Marty Makinen	Results for Development Institute
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Joseph Dwyer	Management Sciences for Health
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Jon Snedal	World Medical Association (WMA)
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ashie charles	christ soldiers foundation
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Celine Usiku	Ministry of Health and Social Services
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Joshua Obasanya	National TB and Leprosy Training Centre
James BUCHAN	Queen Margaret University
Marina Peduzzi	Nursing School of University of São Paulo

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cesar r. cabral mereles	ministerio de salud publica y bienestar social
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	Ministry of Health
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Giovanni Escalante Guzmán	PAHO/WHO Peru Contry Office
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Lois Schaefer	USAID
Rowan Wagner	Westminster International University in Tashkent
Neil Pakenham-Walsh	Global Healthcare Information Network / HIFA2015
Elsheikh Badr	National Human Resources for Health Observatory/Sudan
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janet hatcher roberts	canadian society for international health
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Kate Tulenko	World Bank
Dr. Shaiful Islam	Ministry of Health and Family Welfare, Bangladesh
Donna Barry	Partners In Health
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Chart result overview:

Rating results

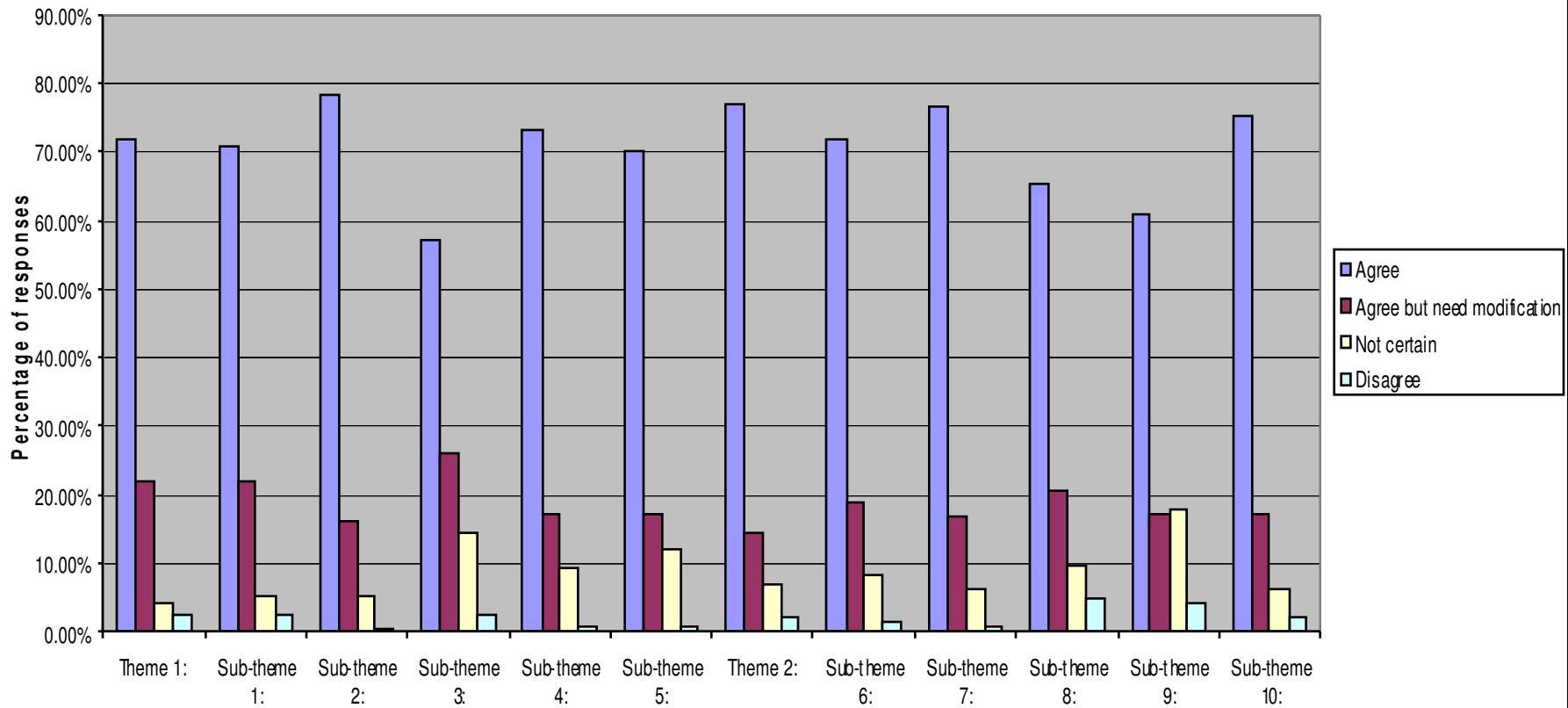
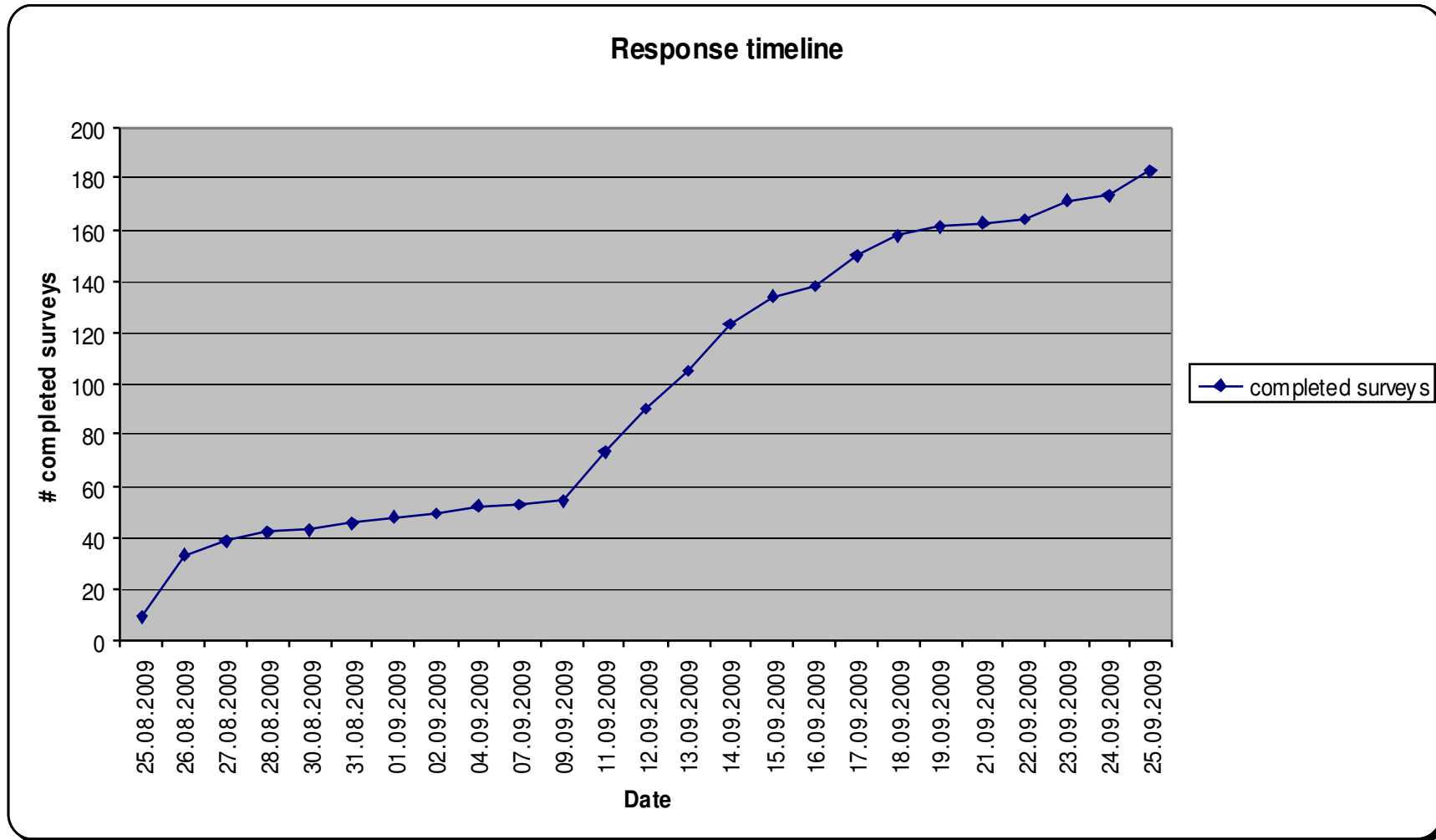
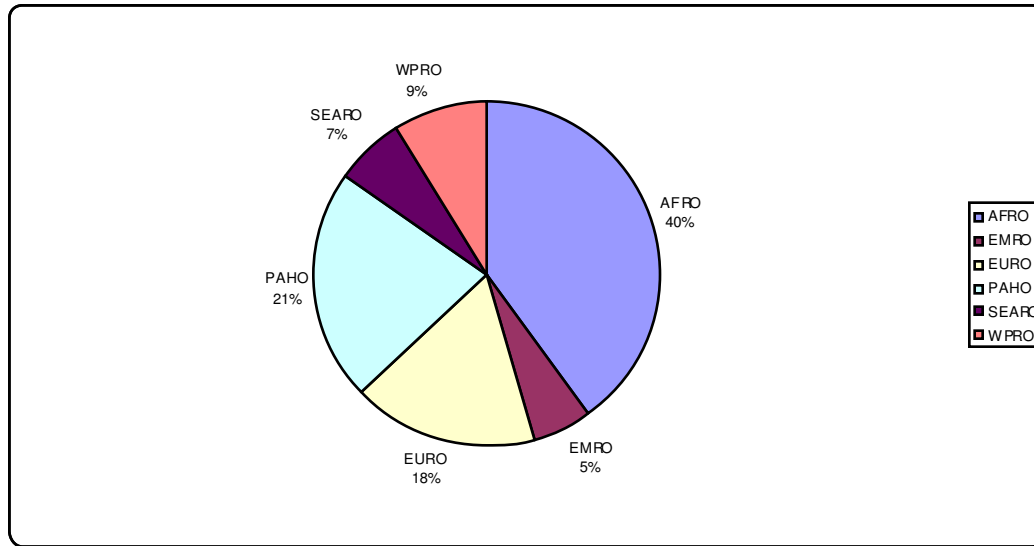


Chart timeline :



## Geographical distribution of responses:



## Comments:

### Theme 1: Improving quantity and quality of health workforce for equitable access to PHC within a robust health system

<p>PHC interventions have the greatest potential to impact health outcomes and potential to achieve MDG 4 and 5. We have published in the Lancet series on PHC/Alma ata about this in the integrated packages for MNCH, potential impact on outcomes for MNCH morbidity and mortality.</p>
<p>This theme should be: "Creating (or Building) a Robust Health System and Improving the Quantity and Quality of Health Workforce for Equitable Access to Primary Health Care " Because it must show that of many aspects of Health System, especially the set of Policy mechanical should be changed to fit the innovation of worldwide technical revolution.</p>
<p>Highlight the need to move from rhetoric to action especially by national governments affected by the crisis.</p>
<p>There needs to be a comprehensive definition for the health workforce to include all the professional categories that influence and shape public health. Definition of the health workforce should go beyond the biomedical health professionals</p>
<p>its a good theme but i feel funds for motivating the health work force should be channeled thru peoples accounts. a challenge remains of insufficient protective gears so health workers have chose to leave the profession than risking their lives especially this era of various infectious non curable illnesses coming up.</p>
<p>Should be a priority to look at scaling up and task shifting in community, primary care- emphasis on teams</p>
<p>it's a great theme because the situation on the ground requires that we address this problem</p>
<p>Equity and accessibility is core to the health of any population. Public health is integral to the successful implementation of any health system. Enshrinement of this principle in National Health Strategic Plans will ensure sustainability over the longer term. Leadership reforms need to be fleshed out somewhat to highlight cultural values/beliefs.</p>
<p>With the introduction of ART programmes we need to get recent data on the death of nurses as a result of HIV/AIDS otherwise to use data sources of 2005 in 2009 can be misleading to the world. There have been arguments that with the introduction of free ART programmes the death rates have gone down and the HIV rate of infection has stabilised in Malawi from 14% to 12 %</p>
<p>The issues related to Quantity will continue to challenge the developing world. The conference should discuss strategies to improve the Quality of the few health workers available. This could include, Mentoring and improved Health Workers' access to preventive and treatment services when required.</p>
<p>HRH crisis in my country for example is Obvious, but nurses who are burdened , their contribution to the health system are not recognized, not motivated, they are not positioned to lead their profession, most decisions including resource allocation and mobilization are made by physicians, who are well positioned in the health sector with out due consultation of nurses, etc.. More over the intention to produce new health workers masks the attention provided to specific discipline as a result quality education and services jeopardized.</p>
<p>I agreed to the fact that brain drain and staff turn over hinder our progress despite higher pay. Perhaps we may begin to give more opportunities for upcoming prospective students in order to fill the gap while not compromising standard.</p>
<p>I am totally in agreement with the theme and would like to add some thoughts. Not only do health workers need more training in technical areas pertaining to their work as medical/health workers, but they also need the following: 1. Enabling organizational structures that ensure the availability of resources, equitable compensation and employment policies, and clarity around roles and responsibilities. 2. Medical/health workers at all levels need professional development opportunities in the technical aspects of their jobs and also in the non-technical areas. This would include management and leadership skills development, literacy and</p>

<p>numeracy (sometimes), and basic "business" and data collection and use skills. To the extent that new technologies can be introduced, they also need professional development around the use of these technologies. In summary, I would like to see this theme take a holistic approach to the definition of improving the quality of the workforce and speak to a broader human resources context and professional development spectrum.</p>
<p>This whole systems, locally determined approach is extremely important as a basis for tipping systems of health care into sustainable cycles.</p>
<p>The theme is in order and the presentation come out clearly and make follow up the theme for implementation</p>
<p>Somewhere you need to include reference to 'engaging Public Health or Family Medicine physician's, especially at the District Level, to be lead advocates and supporters of the realignment to PHC. There is a danger in that the document as drafted might be interpreted by physicians as 'not being for them' (as happened post Alma Ata). For the new health orientation to work, they must take a key role.</p>
<p>support to strengthen primary care services will yield rich dividends and health care can be more cost effective if pharmacists are also included as core member</p>
<p>SOME GOVERNMENT POLICIES IN SOME COUNTRIES IN THE SUB SAHARA AFRICA ARE FOCUSED ON CURATIVE INTERVENTIONS HENCE LEAVING THE PREVENTIVE MEASURES WITH MINOR VALUE ATTACHED THUS ILL HEALTH AMONGST THE POOR POPULATION SO THIS THEMES ARE STRATEGICALLY THOUGHT THROUGH MORE SANITY SHALL BE ACOMPLISHED WITH THE ALLAINCE</p>
<p>In Kenya, the health care delivery approach is now cohort-based and the lowest level of care delivery is the community. According to the Kenya nursing training system, and that applies to Uganda and Tanzania, comprehensive nurses are trained to provide primary care at community level where 70% of the population live. In spite of the training, still maternal and child mortality rates are unacceptably high. What then is wrong with the approach used in the training of nurses? Besides, the training (quality) we are frequently phased with nurse shortages as a result of inadequate nurses trained, maldistribution in terms of their deployment, and migration of those who are more experienced to receiving countries. It is therefore important to think of ways of increasing the number trained. We also need to find out why the low enrollment in nursing programmes in our countries. Governments' commitment on retention of health care workers cannot be over-emphasised if we are to meet the internationally acceptable health worker-population ration.</p>
<p>most of the contents of the theme is tiled on supporting the health workers at all levels which is very good</p>
<p>Does this need to be in the context of PHC? Surely the HRH crisis is as relevant to all aspects of the health system, including management.</p>
<p>its a valid and reliable theme for developing countries today.</p>
<p>Proposal: under theme two can we include 'Can a paradigm shift in financing HRH development address the HRH concerns in Sub Saharan Africa?</p>
<p>Production and retention are quite different and should be separated. Also, there should be a focus on improving productivity of staff.</p>
<p>Providers in diversity - a key factor for universal access to treatment , reducing work overbad which fatigue health care providers by involving communities .</p>
<p>I agree with this theme and believe the linkage between community and facility-based health workers would add value to provision of quality services.</p>
<p>There remains skepticism around task shifting and whether this reduced quality of service provision. The evidence base for task shifting and how it can maintain and even improve quality of services needs to be systematically presented - highlighting the power of health worker armed with treatment protocols as a driving force for quality improvement. Whilst the alliance has endorsed task shifting, having a clear statement on task shifting and quality of care, highlighting the checks and balances that need to be in place to ensure quality will be important</p>
<p>I do agree because this will take care of the preventable and promotion areas and improvement of people's lives. At the moment the health sector is mainly concentrating on</p>

<p>curative areas which has been extremely expensive to handle. Primary Health care needs to be strengthened.</p>
<p>Access to medicines and appropriate use of medicines is also dependant on sufficient numbers of pharmacist practitioners. Recent work and data by the FIP-WHO-UNESCO Taskforce have identified correlations between between country-level medicine usage and numbers of licensed pharmacists. We would wish that pharmacist practitioners be included in this theme so that a more holistic approach to medicines related health care can be developed.</p>
<p>retention and career arrangements are as important as scaling up training, cannot be discussed separately</p>
<p>It will be important to define the PHC as to its strategy, principles and approaches.</p>
<p>Development Banks need to be involved with this theme</p>
<p>PLEASE REPLY</p>
<p>IF HEALTH TO ALL IS TO BE ACHIEVED IT MEANS EVERY ONE RIGHT FROM RURAL TO URBAN. IT SHOULD BE FREE OR NEARLY FREE. THAT MEANS WE MUST MAKE EVERY ONE CAPABLE TO SOLVE HIS OWN AND OTHERS PROBLEMS . PL SEE PROOND.ORGJECT SWAYAMSIDDHA WWW.SCIENCEANDBEY</p>
<p>Task-shifting opportunities and experiences to community level. Training and incentives for Community Health Workers.</p>
<p>This adequately covers the issues.</p>
<p>Agencies that have mandate to recruit health workforce need to be supported to undertake their work. Under Decentralization reforms recruitment of health workforce has been decentralised to districts. The districts however have inadequate capacities to engage in the cumbersome recruitment and selection exercises. They are also under resourced in terms of finances and human capital. Consequently central health service commissions are demanding for recentralistaion of the recruitment of healthworkers (defeat purpose of decentralisation) because of the fact that District based service commissions are unable to expedite recruitment of health workers. There are in addition challenges of weak structures, systems and processes among central service recruitment agencies. This too has continued to cause delays in filling the HR gaps created by the forces of migration, HIV/AIDS death, inadequate wage bills that are further curtailed by recruitment freeze, recruitment ceilings, restricted HRH Wage bills and poor take home packages for the health workers as well as performing other mandated functions such as supervision of recruitment in decetrilsation. This has not helped Government interventions such as selective pay increases have not yielded value because approved and funded posts remain unfilled. In restructuring this theme, focus could be made at developing supportive strategies for Health Human Resource recruitment agencies to speed up recruitment processes to fill the funded positions in the health sector structures at all levels.</p>
<p>In my country we are encounter with over production of Doctor and male nurse we need more female nurse and midwife and Doctor .The security is the greatest challenge here.</p>
<p>any reform should be generated from the grass root, with all stake holder honest and transparent participation</p>
<p>I doubt id the statistics about Zambia and Malawi death rate of nurses is correct. Who authetificated such statistics? To the contrary, the causes of death among many professionals including health workers is the high poverty levels very eminent in the two countries.</p>
<p>Gender mainstreaming is the strategy for all health activities.</p>
<p>The following modification is proposed " the crisis requires multiple strategies . They revolve on strategies to retain and increase the performance of health workers. For the latter, strategies need to emphasise improvement in working ( including salary incentives) and living condition ( housing and security ) of health workers , especially in rural areas to address PHC reforms . These approaches are insufficient to alleviate chronic shortage of health workers and strategies to increase production and retention of qualified health workers in an adequate numbers to deliver health services are required and they demand substantial investment, leadership and long term commitment from both national government and international partners.</p>
<p>About the quality of health workforce I think there is an important need to include the Health Promotion concept in the training curricula of health workers at all level (Nurses, Doctors,</p>

<p>physicians, public health specialists, epidemiologists, etc) in order to let them address the determinants of health in their day to day work. In my point of view, without addressing systematically the determinants of health, it cannot be possible to achieve any sustainable national or international health goals. In fact, the MDGs are a good example showing that we cannot really manage to achieve them without a global vision of health.</p>
<p>The theme still remain central. Well know in literature, most efforts should be directed to implementation tools and monitoring.</p>
<p>Please be concern in development of those manpower in such a way that they stay in their home country</p>
<p>I shall attend the next meeting, if invited</p>
<p>Yes - but will really need to challenge conventional "craft group" models eg Drs, nurses and look at new approaches to training and entry</p>
<p>Does not adequately address the contemporary and frontier issues, like the trade in health services, mobile health services, IT in health services, PSR like the decentralization, the autonomous hospital, the private sectors, the downsizing policies, etc, that affect HRH It would be better to have a theme on 'Globalizing and Localizing HRH for UC'</p>
<p>The title of the theme is overly wordy and tries to combine too much together to be a coherent theme. Try to simplify, such as ending the theme with the word "workforce".</p>
<p>This theme is important, but might be strengthened with the addition of consideration and refinement of what is meant by primary care and public health. Consideration of humanitarian settings (complex disasters, post-conflict, prolonged conflict) account for a disproportionate share of poor health because limited resources exacerbate the underlying problem of shortages of appropriately trained people. Task-shifting has obviously occurred in humanitarian settings as well, but has not received the same systematic review or attention as has occurred in resource-poor communities not affected by humanitarian emergencies or in the years following conflict or in prolonged conflict settings. This would be an additional consideration in strengthening this theme.</p>
<p>The contribution of the faith based sector (which provides over 30% of health care services in Kenya and other countries) is being systematically ignored. The negative effects on the faith based sector of health worker retention &amp; incentivisation efforts from government &amp; international NGOs has not been addressed</p>
<p>Very good theme. One critical "missing link" to have a supported, skilled and motivated workforce is preparing and supporting a skilled and motivated cadre of health leaders/managers with a valued role in supporting the health delivery workforce. WHO Survey - 3 countries(working paper # 8), and a 2008 Kenya health leadership/management assessment show that medical and non medical staff in leadership and management positions overwhelmingly report that they have not been adequately prepared for these roles via pre service or in service skills and practices. So a modification to this theme could be "Improving the quality and quantity of the health workforce, including well prepared health leaders/managers, for equitable access... etc.</p>
<p>WHILE I FULLY AGREE WITH THIS THEME IT MUST ALSO BE EMPHASIZED THAT THERE MUST BE AN ADEQUATE REWARD SYSTEM. IN TANZANIA FOR EXAMPLE IN THE RECENT PAST THERE OCCURED WHAT WE CAN CALL A REVERSE EXODUS. HRH MOVED BACK TO GOVERNMENT HEALTH CARE UNITS BECAUSE THE GOVERMENT IMPROVED THE REWARD SYSTEM. THIS HAS CAUSED SHORTAGES IN THE PRIVATE FOR PROFIT AND FAITH BASED SYSTEMS.</p>
<p>The work done on Positive Practice Environment could be helpful.</p>
<p>Preaching for more and better is certainly necessary but at the same time it is as important to reconsider the utilization of the current workforce as we all know that countries in critical shortage have also among the lowest productivity of HR.</p>
<p>I agree with this theme, but would like it to focus on what governments are doing and what obstacles they are encountering, rather than on simply more discussion on what the issues are, as these are well known. I think a focus on what is being tried, what is working, and what is not and how can the obstacles be overcome would be useful. It would be good if it could involve a panel or session of donors in which they are asked to talk about what they are</p>

<p>doing.. or if they are not doing anything, why not?</p>
<p>We would like to help organize a section on protection of healthcare workers from occupational disease transmission. This is, in our view, a key aspect of healthcare workforce retention, but has mostly been given lip-service and not enough real focus. Our expertise in this area is deep, and we would like to put it to better use for the GHWA.</p>
<p>It will be necessary a deeper approach to the role that international organizations could play in these issue</p>
<p>I think the PHC focus should be the focus of all workforce related programs in PEPFAR and other disease specific programs- Health of the workforce is one area, but larger issues exist with the ability of managers and leaders to strategically plan and support the workforce. As long as workers take 1 year to be recruited, get better benefits somewhere else and get professional development outside, Africa will not be able to decrease the shortage- bureaucracy, processes and procedures create alot of the workforce issues.</p>
<p>Agree with the above theme and I am looking for the way to implement it as soon as possible</p>
<p>theme 3,4 and 5 important and have received too little focus. Importance of building health professional organisation, both for professional medical identity/development and improving working conditions etc</p>
<p>in my country i think the primay health care stil very important by looking to our resources and capacity</p>
<p>Focus a lot on public private partnerships in training and service delivery especially among general/family practitioners in developing countries</p>
<p>Sub Saharan Africa has a severe shortage of health workers, capacity of pre-service institutions is a big challenge, tutors mostly</p>
<p>Low density of health workers is a problem that is global affecting both developed and developing countries. This theme will address the various strategies to increase the quantity of workers. It will address the importance of task shifting and share experiences of how some countries like</p>
<p>The current sub themes are all generic; three is a need for more specific emphasis on PHC issues</p>
<p>I agree with this theme and think that it is important to understand better the differences of these problems in different situation to choose better solution. On one hand which are the characteristics of this in countries with a critical shortage of human resources in health like sub-Saharan Africa. On the other hand which are the specifics characteristics of this in countries like Brazil and other developing countries.</p>
<p>I think that it is very important.....the themes and subthemes are strategic for to building human resource politics to order MG</p>
<p>To it is very good theme</p>
<p>I agree, but as this is a very broad and overwhelming theme - and one that has already been put out there repeatedly - the proof is going to be in the subthemes. They will need to really put some solid substance on this rather hard to grasp "big black hole" issue.</p>
<p>I would like to see an approach that puts the needs of healthcare providers at the centre of our concerns. These needs can be described by the acronym SEISMIC: Skills, Equipment, Information, Structural support, Medicines, Incentives (including salaries), and Communication facilities. These basic needs must be met to enable healthcare providers to deliver safe, effective health care, and to achieve the MDGs.</p>
<p>All what has been said is absolutely correct. The efforts noted are meritorious, well meant and ought to be supported by Government, national and international organizations. However, we need to have a better understanding of the situation that affects the workforce. Migration is not always a "piece of cake". There is uprooting and many receiving countries do not turn out to be the heaven one expects. Research is needed to investigate what keeps health professionals from migrating? What would make them stay? what are their expectations? What do they propose as solutions? Perhaps most importantly there is a need to twin solutions with improvements in the health system itself, including better remuneration, innovative schemes for increasing income without wrecking the system. This ought to be addressed candidly and realistically by all parties learning from the experience of countries where some schemes</p>

worked well.
while shortage is addressing the numbers, we should indeed be mindful of the quality of the product. If necessary there will be need remedial classes for the health workers that have been trained during the crisis period such as in services to ensure that they develop all the necessary competences. Alternatively is to produce the health workers in areas of their specialty. eg, Instead of every nurse to be a midwife the two can be delinked and such that one can be trained to be just a nurse or a midwife.
I would add and place a lot of emphasis on different modalities and implications of task-shifting; the need to re-conceptualize and restructure PHC teams in many countries and the challenges of ensuring appropriate and adequate acquisition of skills (i.e. role of health training institutions and continuing education).
Highlight also the specific challenges in fragile states
Specific mention should be made on solutions that seek to address the limited education capacity in crisis countries to train health workers. This is a fundamental barrier to adequate workforce development. Specific mention should also be made in reference to innovative retention strategies, both financial and non-financial.
The theme seems a little too broad.
too broad and comprehensive

## Sub-Theme 1: Improving the quality of health care delivery, including supported supervision, productivity of the human resources, and achieving MDGs

Improving quality of health care delivery does not take into account the majority of rural populations that do not even have any services.
Need more emphasis on maximizing opportunities delivering of a package of PHC services (integration) and not diseases specific programmes.
Specific indicators and performance measures are required to measure quality of health care delivery
the problem is that in my setting only the heads are re-equipped with new knowledge who return and just fuss about there travel but don't share the knowledge
This is important but potentially to broad to become a clear issue for examination- suggest should be more narrowly described eg, The HRH contribution to improving quality of care
Improving the health of people pass through improving quality of care benefits available to them. It is important that we exchange ideas in this area for many people.
The definition of quality needs to be fleshed out somewhat since it includes more than an increase in health workers, working conditions, training. Cultural values also enter into this mix. Moreover, ongoing monitoring of the quality once specifically defined is crucial for sustainable performance of the health system. PPP is important to quickly increasing overall conditions however, there needs to be precise policies and management of the private sector particularly with regard to the profit. Health care delivery must be aligned with other line ministries including education, social, financial, etc.).
It is Important to address the necessity of Health workers focusing on the OUTCOMES rather than ACTIVITIES during the Conference. This could improve on Quality of Services
I do believe that strong , qualified and enough staff ( safe staffing) health workforce is really important to deliver a safe healthcare to the patients. It will be great to address the issue of patient safety clearly in the health workforce themes and strategies.
Whether in this section or elsewhere: 1. Will the conference specifically address quality in postgraduate education and training, including quality of teaching, assessment of trainees etc? 2. The importance of continuing professional development (CPD) for health workers 3. Professionalism and leadership with the health professions - from individuals and small teams up.
To ensure quality health care delivery well functioning regulatory body is mandatory, otherwise private sectors involvement in the training is questionable and not commended from the practical experience point of view in our case.
I will suggest this: Improving the Quality of Healthcare Delivery through capacity building
How would you define "delivery?" Is it only the one-on-one patient care for an illness or does it include providing information, analysing lab work, monitoring and evaluation....?
Like the first theme, this deals with the interconnectivity between elements of the system. It may, however, get a bit caught up with definitions of 'quality'
It is rather general
Making each health care worker to feel responsible by involving in health care delivery is mandatory fro success
MORE SUSTAINABLE WORKFORCE BE CREATED WITH BUILDING THE SKILLS OF COMMUNITY BASED HEALTH VOLUNTEERS WITH CLEAR SUPPORT SYSTEM TO KEEP THE MOTIVATED TO SERVE THEIR RELATIVES
Right now we are grappling with the problem of poor quality non-pharmaceutical supplies. The Ministry of Medical Services in Kenya has delegated the duties of setting the standards and guidelines of these supplies to nurses. The results show that the quality of the supplies has improved of late. However, our nurses are not trained on procurement system and struggle to come up with standards and guidelines for the necessary supplies. Training health care

<p>providers in this vital area would contribute immensely to improved quality of supplies and hence, quality of care.</p>
<p>I would strongly recommend to add health informatics / e-health initiatives as specific sub-themes for attaining quality improvement in healthcare delivery. On many occasions that may actually take care of skilled manpower shortage in particularly distant / remote areas.</p>
<p>delivery of services at all levels is very crucial in improving the health sector and work force.</p>
<p>Very relevant and often neglected area. Productivity should be included.</p>
<p>There should also be an emphasis on improving the processes of care. Vast amounts of money are spent on training health workers (in service and pre-service) but this training rarely addresses how the workers should adapt their systems back in their clinics to allow them to apply their newly found knowledge. Quality improvement methods adapted from manufacturing industries can play an important role in helping workers change their systems so they can do the right thing.</p>
<p>Capacity building for health care providers in advocacy to address barriers on improving overall working conditions.</p>
<p>I agree with this theme and wonder if the use of ICTs to improve the quality and performance of health workers should be included here?</p>
<p>Any discussion on quality needs to consider standards - the process for developing and defining standards, and the mechanisms needed to ensure standards are applied. This session needs to bring together work/presentations on standard setting, with discussions on M&amp;E and supervision processes ensuring standards are applied. The session can link to other themes, particularly to community involvement - as the best way of driving quality is to make consumers aware of service quality issues and to build consumer expectations, and to have community participation in monitoring quality - to strengthen the short route of accountability</p>
<p>The quality of Health care with the available numbers is currently very poor</p>
<p>Data from 57 countries gathered by the the FIP-WHO-UNESCO Pharmacy Education Taskforce suggests that public access, and health systems availability, of pharmacist practitioners is associated with quality markers for health care. Medicines use in countries is a key component of the health of nations and the quality of pharmaceutical health services is a vital ingredient in this mix.</p>
<p>This theme is debatable, can raise questions from professions that may want a monopoly of practice on grounds of "quality"</p>
<p>Identification of competency standards for each cadre of health professionals will be essential in this focus theme.</p>
<p>Accountability is missing in this scenario. Quality should be assured by government or professional organizations as well. The details here involve certification and licensure structures, standardized protocols, health system planning.</p>
<p>This is very important because good quality care will attract persons seeking care.</p>
<p>THE VOLUNTEERS CAN BE SUPPORTED BY SWAMI HARDAS LIFE SYSTEM. IT IS A COMBINATION OF ACTUAL LIFE, HUMANITY, SCIENCE AND SPIRITUALITY. IT WILL GIVE BETTER AND FAST RESULTS</p>
<p>Development and experience with mentoring systems of new health worker graduates.</p>
<p>If developing nations can not afford quality health workforce, strategies that concentrate these much needed quality health workforce at centers of excellence at national, regional levels where all other capital investment (health care equipment and other associated resources ) should be explored. Are there cases of best practices in this direction? In rural areas in hard to reach areas, still quantity rather than quality matters. This area needs debate to come up with what can be done</p>
<p>Organizers may review the observations of Common Review Mission of NRHM in India for 2007 and 2008 to get a feel of challenges faced in improving quality in a vast federal polity and how to carry on consistently.</p>
<p>governments of developing countries should support retraining of health workers by subsidizing it</p>
<p>According to Donabedian, quality of health care involves looking at the structure (includes number, qualifications, distribution etc of health work force), the process of care delivery, as</p>

<p>well as the outcomes of health care. Hence I do not agree that by simply increasing the number of trained health manpower will on its own improve the quality of health care delivery.</p>
<p>There should be deliberate plans to increase the production of health workers in SSA. Further, the curricula should include issues of management and leadership of the human resources. This is currently lacking. Moreso, the health fraternity must out of its cocoon, out of the box. Their mental orientation must change from needing training from health institutions and professionals. In areas of management and leadership of both human and other resources, the health fraternity needs solutions management development institutions.</p>
<p>Gender mainstreaming in it.</p>
<p>Modify as : " Because a appropriately trained and motivated health workforce is the most important element in health care delivery".... " at least in part, qualitative concerns" [ do you mean ...concerns of quality] " without a strong health workforce" [ the word strong...is not the best...not clear, what is meant by it]</p>
<p>Once again there is need to reorient the way to work with communities in order to help them improve their health. In other words, health system must identify an adequate strategy to work with communities to address all their needs that are related to health. To do so, the traditional way to work that consist of waiting to ill patients to come to health facility must change. Some of the health workers have to work closely with communities in their day to day life in order to help them address the determinants of diseases.</p>
<p>Focus should be on the appropriateness of services (to provide only EBM services with focus on priority setting).</p>
<p>Third World participants should be leveraged</p>
<p>This sub-theme does not give enough emphasis to what we do to retain existing health workers so as to avoid further migration. Training more health workers may only mean that they are then available for another country or region to accept, hence migration. However, there is need to address increased 'production' but also incentives to retain health workers by countries/regions.</p>
<p>I absolutely agree that quality is vital - however, question whether this should be a priority when the "quantity" and "coverage" issues are so acute</p>
<p>This is also not very stimulating. there are so many institutions and conference on 'improving health service quality' and the Forum should not add to that again.</p>
<p>This is a better, simpler, clearer theme than the last one. However, I think it should focus on what works (and doesn't) to improve quality.</p>
<p>pharmacists mostly.</p>
<p>Once again, considering humanitarian settings (complex disasters, post-conflict and prolonged conflict settings) would strengthen this theme, since it is in these settings that coordination of public and private actors is most critical and also because humanitarian settings account for a disproportionate share of poor health outcomes when there is a shortage of appropriately trained workers with inadequate resources. However, there are some terrific examples and ways to think about improving the quantity of health workers and the quality of their performance in humanitarian settings---the first meeting in Kampala only had one workshop on humanitarian settings, so this would be an important addition to the 2nd GHWA meeting in 2011, particularly in enhancing this theme. In the past 2 years since the Kampala meeting, there has been progress to build upon. One good source of information comes from a series of meetings culminating in 2009 Humanitarian Action Summit in March 2009. Proceedings of the meeting, with an overview and reports of the specific working groups, including the Human Resources Working Group are available in the journal, PDM (Prehospital and Disaster Medicine) in the current volume. I can arrange to have a copy sent to you if you cannot access it on line.</p>
<p>improve the quality of health delivery, increase the quantity of health worker and improved quality of performance. Working conditions improved and availability of resources.</p>
<p>YES I AGREE. NOTE THAT IMPROVED WORKING CONDITIONS WITH ACCOMPANYING BETTER RESULTS ARE A GREAT MOTIVATION TO HEALTH WORKERS. THE SATISFACTION WHICH IS REALISED FROM BETTER RESULTS REWARDS HEALTH WORKERS SIGNIFICANTLY. OPPORTUNITIES FOR UPWARD MOBILITY i.e. FURTHER TRAINING MUST BE THERE</p>

I agree with this theme, but would like to see it include a focus on leadership and HR management as well as the efficient use of resources, improved working conditions and better training.
Improving the quality of health care delivery extends beyond improving health worker knowledge and training skills. The broad scope of the continuum of care needs to be considered. The government needs to be formally involved and committed to the entire health care delivery plan from the community to the tertiary level broadly across the country.
Yes, this theme is very important, especially the focus on "improved working conditions", in order to better protect healthcare workers from occupational disease transmission. We believe this should be an essential component for all efforts at retention of healthcare workers and prevention of brain drain.
Also include engagement with health professionals in the diasporas to improve quality of health care delivery
accessibility and equity must be at hand with delivery of services
I found this theme inexplicit.
Yes agree 100% on this one and performance-based programming, donors funding, financing, is a key area to address this quality gap.
Is there a way to develop medical insurance which can support the private cooperation in the health service
Involvement from developed countries in this, long term funding and obligation of universities to include clinical training and organization building when planning projects etc
the health work force still the weakest point in all health care system component
Public Private Partnership in training and development of HRH should be emphasized and not only the coordination and simple cooperation only then an issue of equity in health care can be addressed.
An Analysis of health systems is required under the perspective of the development of PHC.
discrepancies in salaries and ratios to patients still remain a big challenge
I agree and I think that it is important to support experiences of public system like we have in Brazil within the context of National Health System (SUS) that deliver health care to 75% of the population.
A major issue is the calibre of leadership and management in health: without this being consistently better all else will fail to realise its potential, no matter the endeavours in other areas. I am unsure (yet) if this addressed further on in the survey.
IDEM
Its fair
Health workforce requires of equipment, infrastructure and technologies adapted to their skills to provide high quality services. So it is a decisive element of the working conditions for the good human resources performance
I would suggest that the connection between workforce and service delivery be made even stronger. One of the biggest challenges that I face on a regular basis is getting our missions and implementers to see the connections between strengthening HRH and HRH systems and the impact this has on service delivery and health outcomes. There seems to be a desire to focus on one or the other, when you can and should focus on both! HRH alone is not enough - there MUST be a clear goal of improved service delivery planned into HRH interventions from the beginning that is measured and demonstrated.
Has cross-over from the first theme
I agree strongly with the above. Please refer to my previous comment.
in order to improve the quality of health must all people who are responsible to care these people must share ideas of what to help these people.
I am pleased to note that most parties are invited to share responsibility for improving the health system and the conditions under which the workforce performs. In addition, one should also confer with community leaders and the population as to what solutions could be "carved" to retain the workforce and increase their numbers and dedication. For example, opening schools of nursing within the underserved areas; training and supporting community health

workers, etc..

Apart from providing an enabling environment for the health workers motivation of the health worker is far much more important indeed if we need to have a quality health care delivery. We need to work around what can be done to maintain health workers motivation. What would bring Job satisfaction.? Unless health workers are satisfied even provision of the all the necessities shall not make a difference.

Performance also brings up issues of the practice environment which must be conducive to enable appropriate performance. Performance management is also required that rewards and recognises quality services. Recognition of further training which is linked to career development is also necessary, research I have conducted shows that this is just as important as financial incentives in influencing attrition. With regard to quality assurance of education - greater linkages also need to be made with Ministry of Education to provide adequate oversight. A trend we are observing is the increasing role of private higher education institutions who are establishing programmes to train health workers in sub-Saharan Africa and Asia, many countries do not have appropriate quality assurance systems in place and in the absence of such mechanisms, ensuring the quality of health workers will become a greater challenge.

## Sub-theme 2: Inequality in distribution and access to health workforce to address political responsiveness and financial accountability to the poor people

The socio economic disparities are quickly escalating in large urban centers in SSA. It needs more than political will to address these disparities.
the problem is still big with corruption/embezzlement of funds
Should link to current WHO initiative on retention
This should build on current WHO initiative on retention in rural/remote/underserved areas. It is interesting that this topic be split into two sessions: one on internal migration and another on international migration since the workarounds are often different.
Agree in principle, but how to ensure that incentive programs are sustainable in the long run?
It may be worthwhile to discuss unique approaches in training indigenous personnel through "affirmative action". for marginalized and underserved areas.
It is really important as most of population in Yemen live in rural areas where sometimes the health services are unaccessible.
I would strongly support public funded health care system ,private health sectors are not accessible to marginalized population.
Impact of distribution and access to health workforce on political responsiveness and financial accountability to poor people
Might be quite high-level in its content - can the group enact change at this level?
The wording is rather clumsy... and are we trying to cover too much? More and better health workers (as per earlier themes) and better quality of care will inevitably impact on distribution and access. Financial accountability already incorporated in earlier statements. Keep it simple!
The orientation and role and responsibilities of health care worker is grossly mismatched in developing countries. For example pharmacists are invisible in health care system in India . There needs to be change in the practice
CAPACITY BUILDING OF COMMUNITY MEMBERS OR SERVICE UTILIZERS TO PUT MORE PRESSURE ON THE SERVICE PROVIDERS AND GOVERNMENTS TO BE ABLE TO MAKE STRATEGIC INTERVENTIONS IN LINE WITH THE NEEDS TO THE POOR
This is interesting! A good example is a remote rural dispensary where one male nurse has worked for 20 years and is now fully owned by the community. Whenever he goes on leave, the health facility must be closed. Maldistribution of health care workers is common in both developed and developing countries with skewness towards rural areas. Regions with the highest number of health workers, health facilities, and medical training institutions register better health indicators. Yes, inequity in distribution and access to health workforce requires urgent attention.
That is a barrier to access quality drugs in developing countries
it has always been the poor people who have been suffering most in this regard and therefore the role of the government and the international communities are more important in this situation.
I do not agree that it is the "moral obligation of international communities to ensure equitable financing". That should be the moral obligation of governments, who may approach international communities. Depending on the strategic plans of the governments, and on the vision and objectives of the international communities, they may provide support to operationalization of the strategic plans.
What will be the questions addressed here? Eg effective measures to improve rural distribution? Needs more detail.
In some settings, women are habitually disadvantaged compared to men in accessing primary health care.
Maybe a sentence defining equity in this context would be useful. i often think one of the reasons donor money stays in larger centres is that it is a more efficient way for them to spend money. it is expensive funding health in very remote places so doesn't look cost effective.

<p>this needs to be addressed before money can be spend equitably.</p>
<p>Promoting health from a right based perspective on health policy developments.</p>
<p>Without attention to social justice and equity there will be no improvement to access and quality health care services for the underrepresented and the underserved. The maldistribution of personnel and services must be corrected to permit improvement with increased numbers of quality health care workers.</p>
<p>modify theme to read ..... Socio-political responsiveness and accountability to the poor people and marginalised communities</p>
<p>Strong link needed to the closing the gap in a generation work - to ensure that HRH issues are central to future work on addressing inequality and to ensure synergy between these two workstreams.</p>
<p>If there was improved productivity within the available workforce and political responsiveness the delivery of services would have improved. Therefore we need to share based practices and be accountable in order to improve the quality of lives to our communities</p>
<p>I think there should be an explicit notation of the need for population-based services, not just individual health care services. Public health services are essential to health outcomes; financing public health is often neglected in consideration of individual health equity concerns.</p>
<p>It is a right of every citizen to receive the basic health care. No part of the nation in any country should be denied this right</p>
<p>Health workers do not prefer to work in hard to reach areas. More incentives are required to attract staff in these areas</p>
<p>THIS HURDLE IS EASILY OVER COME BY SWAMI HARDAS LIFE SYSTEM AS HEALTH IS DELIVERED WITHOUT MONEY AND MEDICINES AVOIDING SIDE EFFECTS. HENCE IT SAVES MILLIONS OF DOLLARS AND BILLIONS OF LIVES. THUS GOVERNMENT CAN USE THIS FUNDS TO IMPROVE SERVICES IN OTHER AND SPECIALISE AREAS</p>
<p>Taskshifting including community level</p>
<p>The impact of migration of health workers (internally and intemationally) should be specifically mentioned as well because it is one of those areas that are poorly documented.</p>
<p>There is great need for governments to support private not for profit health care providers who have distinguished themselves in these hard to reach areas to deliver service to the most poor communities. Stretgies that strenghten public not for profit health providers to deliver services in areas where governments have failed to reach needs to be explored. Options that can work include governments taking up wage bill for the private not for proifit institutions as well as giving supplimentary budgetary allocations could be considered.</p>
<p>there should be incentive to work in rural areas</p>
<p>The problem of inequality and access to health workforce is not only a problem for developing countries. This problem is especially relevant also for certain developed countries, notably the United States.</p>
<p>Involve gender aspect</p>
<p>Focus on incentives/obligations to serve in less favoured areas.</p>
<p>Need to look at innovative solutions - not just more of the sam - partnering with private secto, subsidising franchised clinics, more innovative use of technology etc</p>
<p>This is one of the most difficult issue to tackle, so we must address it. However, it is very complex and lack of real good evidences on the effective measures. May be we can reframe it to 'HRH equity in the failing capitalized world', to make it more stimulating.</p>
<p>Again, simplify this theme by ending it with the word "workforce" (drop all the rest that follows). Again, focus on what works and what is being tried to address this issue.</p>
<p>its true though corruption has to be checked too.</p>
<p>Once again, there is value in considering humanitarian (complex emergencies, post-conflict and prolonged conflict) settings in thinking about inequality, since there is a strong correlation between poverty and complex emergencies. (See my previous comments about the other themes for examples and references)</p>
<p>FBOs often specifically target these underserved areas. They must be included</p>
<p>I FULLY CONCUR. INEQUALITY IN HEALTH WORKER DISTRIBUTION IS A UNIVERSAL</p>

<p>PHENOMENON. THE ISSUE IS NOT TO COUNT AND COMPARE NUMBERS BETWEEN URBAN AND RURAL AREAS. THE ISSUE IS TO MAKE HEALTH WORKERS AVAILABLE IN THOSE AREAS i.e. UNDERSERVED OR RURAL. THIS IS A LEGITIMIZING RESPONSIBILITY OF ANY GOVERNMENT WORTH THE NAME. THE FAITH BASED ORGANIZATIONS HAVE ALWAYS HAD HEALTH WORKERS IN UNDERSERVED AREAS. THIS NEEDS TO BE STUDIED FURTHER. SECONDLY IT SHOULD BE NOTED THAT FINLAND HAS BEEN ABLE TO MINIMIZE THIS PROBLEM BY PUTTING IN PLACE A VRIETY OF PACKAGES, THESE SHOULD BE DOCUMENTED. TANZANIA HAD FOR A LONG TIME REGULATIONS IN PLACE WHICH ENSURED THAT EVEN THE MOST RURAL AREAS HAD QUALIFIED WORKERS. THIS CHANGED AFTER LIBERALIZATION AND DETERIORATION OF WORKING CONDITIONS IN THE PUBLIC CARE UNITS. RECENTLY THE GLOBAL FUND SUPPOERTED IMPROVEMENT OF WORKING CONDITIONS AND IT ATTRACTED WORKERS TO UNDERSERVED AREAS BY CAREFULL DOCUMENTATION OF ALL THESE SCENERIOS MANY USEFULL LESSONS CAN BE DISTILLED.</p>
<p>This is an critical issue. There are inequalities not only between developed and developing countries, but also within countries.</p>
<p>The focus, as currently expressed, is diffuse. The issues of inequity in staff distribution is important. This session should provide an opportunity to share methodologies that allow one to assess such inequity and make rational decisions on how to address it (e.g. Workbad Indicators of Staffing Need), as well as experiences using such methodologies and effecting change.</p>
<p>It is also important to promote inovative solutions in service delivery that better mobilize the workforce in urban area. There is a need to reconize a limit to reducing inbalance and to take better in consideration the strong movment on urbanization, the communication physical network and the telecommunication progresses. Res ponses must not de developed in looking in the rearview mirror but considering the horizon ahead.</p>
<p>Strongly agree.</p>
<p>Yes, but equally important is the disparity in working conditions for healthcare workers worldwide. In industrialized countries, and especially in the U.S., great improvements have been made in protecting healthcare workers from occupational disease transmission, through the development of a whole new generation of medical devices with engineered sharps injury protection. These technical innovations need to be brought to economically challenged regions where healthcare workers are most in need of protection.</p>
<p>Include migrant populations access to health workforce</p>
<p>Political responsiveness and financial accountability to poor people is a core problem affecting resources for health and creating inequality. So it will not be off point to bring in the political aspects. But political responsiveness and financial accountability could to tied to theme one to give it more flesh.</p>
<p>I agree this is an issue, but solutions to distribution will always be present in a global economy and competitive environment for scarce skills. This issue is models of health care delivery focus on a highly skilled developed country model which may not suit those others- lookingat how governments can change the model, the structure the functions of their workforce is key to solution here.</p>
<p>the political response is highly important to achieve our goals in the health service</p>
<p>the poor people is the demeged stratim from the lack of inequality didtribution</p>
<p>Focus on thje ability of community based social health insurance to meet a lot of financial health needs both for health workers ancommunity based health interventions</p>
<p>to analysis of the special populations and favourable interventions</p>
<p>infrastructure investments are still a challenge, on roads net works, transportation, remote areas completely cut,</p>
<p>This should build on current WHO initiative on retention in rural/ remotte/ underserved areas</p>
<p>It is not only financial and political question, but also a critical issue of human rights and the ethical perspective for health and development</p>
<p>Inequality in distribution is a direct consequence of failure to meet the basic needs of healthcare providers. These needs are least met in low-income countries, especially in rural areas. Health workers inevitably migrate away from situations where they feel they are not</p>

being supported to deliver safe and effective health care.

This is fine; but where is the "meat"? What actions need to be taken to make a dent in this situation? Should more authority (and resources) be made available at the local and the district level? What success stories do we have about decentralized health systems? Health professionals must be made to be proud to serve in the less privileged regions. Perhaps a progressive scheme of payments (and oversight) should be structured to develop the health systems of the underserved areas; with less incentives to health professionals who wish to stay in over-staffed facilities and regions

Development is on the driving seat of where a health worker wants to work, electricity, access to TV, good schools, tar roads etc and the rural is often neglected and that is where the public health services are mostly needed especially in Malawi as 85% of the population is in the rural. Possibly the Govt should have left the private sector in the urban and they should concentrate in the rural.

Highlight particular challenges in fragile states

Parts of the statement impinge on national sovereignty

## Sub-theme 3: Regulation of private sector in developing countries or low income countries

Regulation will address what exists. there are many countries in SSA where health services do not even exist.
This should include effective regulatory tools / instruments that can be used in order to establish and strengthen partnerships between both sectors and more importantly how both sectors could coordinate and integrate functions and activities to better meet public health objectives. This includes optimising the utilization and deployment of resources both financial and human
Emphasis both on regulation/ accreditation of training institutes, and on regulation/ certification of health professionals
It is necessary to strengthen public-private partnership in health care because the private sector is increasingly important in our country.
In fact some of the private health service providers contribute to the massive drug leakages from the Public sectors because they provide a market for drugs from the Public health facilities through collusion with some unscrupulous health workers. Much as they may contribute through taxes there is need for a way how they must also contribute to the training of health workers rather than getting them free once trained by Government
The discussion on Collaboration between the sectors should feature prominently. Currently a significant number of young professionals are absorbed into the Private sector including projects at the expense of Public Sector
Greater recognition needs to be given to the role of the private sector and health professionals part in that. Many doctors hold dual roles in the public and private sector and the relationship between sectors is a complex one.
Very important - private care is a dangerous pandora's box - a quick fix solution that ends up outside of governmental control, a law unto itself, and a drain on public funds through the employment of publically trained health professionals, and a catalyst for inequitable care provision. Discussion on how to limit/remove these risks is critical
The headline talks of 'regulation' while the discussion seems more towards 'harnessing' the private sector. These are very different things which evoke very different responses. I'd favour the latter. It is more constructive.
Health care in India is uneven and not accountable for outcomes despite of consumer protection law being enforced in the country. The reason being there is strong pharmaceutical industry lobbying the government, advertising for products for sales of medicine. It is a product orientated not patient oriented that dominates the health care in India
It is nice to see a direct political link and indirect link between public and private partnership as well as it will be worthwhile to explore the relationship between regulating the private sector and its cost effectiveness.
This is a complex area. If we are talking about private for profit then there is no money in public health services and many would not go that way. A more innovative approach is to target FBOs which provide health care services and the governments should come up with a system that would support the functioning of such facilities - provision of drugs, deployment of essential staff where needed, allow the use of national health insurance by patients using FBOs, etc. The fierce competition between government and private facilities is healthy. In Kenya this has resulted in better pay for health care workers in the public facilities.
regulation is a key factor in delivery of better services
Cross-references to several current campaigns, eg Oxfam.
modalities for such private sector inputs to the public health sector. is likely that the private sector promotes the public sector? what are the enabling factors?
In our country perspective the biggest private provider is the Churches which provide about 40% strengthening partnership with government is paramount.
Encourage private healthcare sector to look at health with a human lens rather than prioritizing monetary gains.
Approaches of regulating HW Dual practice across the two sectors should be considered as a sub theme.

Modify the theme to just read: Regulation of the private health sector
We need to focus down on one or two very specific roles in relation to the private sector, otherwise this will be a broad discussion that comes to no specific conclusion. Regulation is a specific tool - it may be more productive to talk about stewardship of the private sector, which includes regulation but also is about creating enabling environments for effective engagement of the private sector. But for this session to work - it needs to focus on a couple of clearly defined questions that need to be addressed, with the aim of the Forum coming to a conclusion
I strongly suggest that rather than calling this sub-theme regulation of the private sector. It should focus on developing and strengthening Public Private Partnerships.
In a country like Uganda where there are shortages in health professionals private health sectors should be strengthened in order to improve the coverage health services
is a topic that may mean so different things in different contexts (from allowing FBO to provide services for free, to advocate for a privatization of professional training) that a global forum cannot reach any conclusion. May need a small group discussion to create typologies.
This may be more difficult than is worth the effort. Building strong public sector health systems depends more on investments from the top down into them. Those providers who practice in both private and public settings are doing so in response to low wages in the public sector; regulating the private sector may not help this.
What form should this regulation take? Is this going to endanger competition? Should this be coupled with improving the public sector?
NO COMMENT
THIS PROBLEM CAN BE SOLVED BY THE IMPLEMENTATION OF SWAMI HARDAS LIFE SYSTEM
The USA drawbacks on using the private sector as the main provider of health should be emphasized so that no other country fall in the same track. 30% of the US citizens do not have health insurance and those are the citizens who need health care.
It must also remind that in a country like Afghanistan which completely depend on grant and donation, the sustainability of fund must be consider fully.
private health sector should be mobilised along the national strategies
This is a crucial issue for our countries
Regulation of the private health sector is essential for both developing and developed countries. The subtheme therefore should be modified by removing the "in developing countries or low income countries."
The private sector must be involved and contribute towards the training of health workers. Every private sector in health must plan to train or upgrade the skills of its workers annually. Further, they should sponsor students pursuing higher learning degrees. This will help redress the brain drain since the private sector is capable of ensuring that those they train save them for a preagreed period.
Gender mainstreaming is the solution.
the theme needs to also consider the issue of .." inadequate regulation of the burgeoning private sector in low -middle income countries, will lead to poor quality of personnel, which leads to poor quality of services to patients"
Some focus on implementation of regulations that is already there is also essential
I suggest the theme looks at the role of professional health workers in alternative medicine and traditional medicine which are competing with general health sector for human resources for health. Is this an issue to be addressed
The topic of "regulation" belies the proposed content. It is also unwelcoming and judgemental for private sector participants - suggest it be modified to "harnessing or partnering" with the private sector, and regulation will be but one issues that needs to be discussed
This is also one very important issue. However, the topic is boring. We may go with 'Private health sector as the obstacle to equitable and dedicated HRH'.
This theme should be retitled as "health workforce in the private sector" and take up all aspects of privately-employed (and trained?) health workers -not just "regulation".
Do not ignore the faith based sector
THE USE OF THE PRIVATE SECTOR FOR PROMOTING PUBLIC HEALTH OBJECTIVES IS GOOD. TO ACHIEVE IT HOWEVER THERE MUST BE A STRONG POLITICAL WILL TO REGULATE THAT SECTOR. PUBLIC PRIVATE PARTNERSHIP SHOULD MEAN A

COLLECTIVE STRUGLE FOR THE HEALTH OF THE PEOPLE. THIS IS POSSIBLE AS IT HAS BEEN THE CASE IN TANZANIA IN THE DESIGNATED DISTRICT HOSPITALS. THE PURE FOR PRIVATE HOSPITALS SHOULD BE REGULATED TO DO PUBLIC HEALTH SERVICES
Most of developing countries have no health insurance system in place for the general population. This is not an adequate environment for the private sector to develop as financial constraints remain the most important barriers to health care.
The experience of private-public mix in the health service is mixed and that should be taken into consideration. Learn from what has functioned well in the first world and avoid to repeat mistakes
The theme is poorly worded. Not clear what human resource aspect in particular is that is proposed for the theme - only the competition for staff?
There is also the need to take in consideration the growth of medical tourism that is draining national resources for foreign benefits. Most if not all the medical tourism is done by private sector in developing countries. +
The private sector need to contribute toward training of health care professionals. At the moment, it is true that private sector competes with the government for health workers. There is a need for regulation to include contribution to the development of health professionals.
I do not believe in that strategy. It seems necessary but only real if public sector is stronger than private one
Private health sector is presently weak to carry the load.
Private sector but also insurance schemes ( like Ghanas) and single payer models need to be looked at- the expectation that "free" health care can exist in countries with poor government resources is false as well as the fact that workforce in health should be given life-long employment in the public sector. new models new ways to deal with crisis- Private especially civil society delivery systems are good options- regulation is not the answer though-
The private sector in health is mainly commercial in most of the developing countries and there is a need to find ways to involve them in the health service
agree with topic, but should be less on 'competition with public sector' and more on 'potential of private sector' and 'synergy of both sectors'
the private sector is not regulated
to improve an international legal normative for international health insurance.
collaborative, networks and synergy is critical for both private and public sector value to be realized, African governments are still to fully implement the 15% national on health, this is a good starting point
Growth of private sector is important, but there is a need to have a broader HRH scope- covering NGO, donor led vertical programmes etc if this is to be effective. Also unclear if "regulation" is the appropriate focus for HRH issues- it is one aspect- but what about involvement in workforce planning; contribution to skills updating/ enhancement; impact on health labour markets
The most important issue it is to focus to the regulatory rôle on private services provision. Consider mechanisms for public-private non profit mix provision. But, the public sector cannot lose its regulating rôle on these developments. Under this framework I suggest to promote civil society full participation on co-management of public-private mix services
The issue of the private sector is in the need for its regulation lest it goes wild. The problem with regulation is that it needs competent, dedicated and well remunerated professionals in the public sector to assure a useful and performing private sector. Unfortunately in many countries, the weakness of the public sector forces Government to depend on the private sector, often without quantitative indicators and guidelines for regulation and proper governance.
needs understanding the specific contextual of the country.
Should change "regulation" to "improve the quality"

## Sub-theme 4: Sharing countries' experiences, best practices and new training methods for training the HRH: what works and what does not work (methods of training for changing the behavior of health workers)

There should be sharing on experiences from country level of best practices in approved national and local laws. Sharing of best practices between International and national public and private partnerships working together in addressing HRH.
Too many disparities in socio political set ups in countries. training models do not adequately address the need to provide coverage of populations and issues of equity.
While recognizing the need to share experiences, need to also recognise that borrowed approaches often lead to failure because success is dependent on the particular context.
this has been implemented but the limitation it has is lack of modernized equipments so implementation of learnt skills becomes difficult
This needs to be framed carefully if it is to be of utility- the danger is that it just becomes an exchange of information with too little emphasis on issues of context in which training models are being applied.
Successful experiences of different countries in the field of training must be disclosed. The health workers should be encouraged to improve their skills while working.
Considering that expansion of training goes along with other factors like infrastructure expansion we need to look at more innovative ways of training health workers without compromising quality as a short term measure since infrastructural developments take time to come to fruition
This is critical. Sharing experiences and focusing on successes is a great way to learn what is possible and what works.
Finding out what works, for who, in what context is one of the most powerful ways of moving ahead practically and swiftly in any area. Given the complexity of HR solutions, one size will not fit all, so contextualised lessons from a range of settings will be invaluable as a kind of tool kit that other sites can choose from
In India, the prescription medicines are sold freely despite of law prohibiting due to improper regulation of sale of medicines. As it suits the Industry, Doctors, Pharmacists no body is raising alarm although a potential issues gets neglected due to lack of leaders to take the issues like this at the government level
every country has a unique way of solving health problems and therefore if that knowledge is brought together it is handy in solving those problems affecting the sector
Too vague - needs more focus. Country experiences will be shared throughout the forum, not exclusive to this theme. Could this be focused down to training methods only?
some discussion about how this is to be achieved would be helpful. no one is going to argue that this is a bad idea but implementation will be a challenge
Key factors that enhance motivation and retention of health workers
There is too often uncoordinated efforts, duplicate programs in many countries and more importantly, successes and failures from each are not shared outside.
I agree with this theme and feel that it is important to discuss if/how this best practice can be translated to policy by various countries and/or institutions.
Presumably this theme will be best addressed through posters and skills workshops - these sessions worked well at the first forum. And this gives more scope for a large number of agencies/individuals to engage in sharing and exchanging information.
For me this is the most crucial issue to the human resources for health crisis; the quality of the training, the mind set of the health worker as a product of their training, the attributes of the health worker as a result of their training. This needs to be addressed as a priority because if the appropriately trained worker is in the middle of the crisis then solutions to the other issues become easier to address. Appropriateness must be measured on the basis of current needs and challenges. For example how important is clinical proficiency today vis a vis the need for a health worker with civic responsibility, problem solving skills, life long learning skills, people skills, leadership skills. Most training programs are still focused on producing urban based, clinicians.

<p>True there is a need to know of what has worked well in order to improve and standardize the health of care. Provide only those interventions that are cost effective and proven effectiveness</p>
<p>Documentation will be key in this focus as well as the analysis that will have to be made for cross country comparison of experiences.</p>
<p>South to south collaboration, and even low income communities to low income communities collaborations could be very useful</p>
<p>Very important input that needs to be shared and refined</p>
<p>Sharing experience on lessons learnt, challenges and recommendations amongst stakeholders is a very good practice</p>
<p>WE ARE READY TO PROVIDE TECHNOLOGY OUR SERVICES GUIDANCE ARE FREE . WE ONLY REQUIRE ACTUAL COST ACCOMMODATION, BOARDING AND DONATION</p>
<p>Is context specific (level of GNP, geographical, etc.)</p>
<p>Only minor editorials required, three sentences before the last one.</p>
<p>Developing HRH Training and Development Policies is generally a great challenge due to absence of data and statistics. There are challenges of lack of Human Resource for Health Information Systems that routinely collect information for planning, development and management of HRH. Best practices could focus on development of viable and integrated human resource for health information systems that link training institutions with employers and users of the HRH at all levels. Issues of software and hard ware, issues of linking with agencies that manage the health sector wage bell and payroll matters</p>
<p>the remuneration and condition of services should be improved</p>
<p>Networking is the best solution among countries.</p>
<p>Dissemination of " best practice" is required and methods would need to include south-south dialogue and regional partnerships</p>
<p>Private HRH training institutions approaches in training for behavior change. What lessons can the public sector draw from them</p>
<p>It is always good to share the experiences, but the topic is very tame and boring. we may go with 'HRH education: the key failure to the HRH equity'</p>
<p>Shorter to "country experience with training HRH" and specify if this includes pre-service and in-service training.</p>
<p>Because of pharmacogenetics and variation in patients, some treatments might not apply.</p>
<p>a key to implementing and scaling up best medical/dinical practices is supporting the implementation and scale up with effective change practices. So the sub theme could be" sharing countries experiences, best practices, knowledge about effective change and new training methods for training the HRH.</p>
<p>THIS IS CERTAINLY A GOOD ONE. SHARING EXPERIENCES IN AREAS OF SUCSSES. THERE MUST ALSO BE AN INTERNATIONAL WILL AND AGREEMENT TO CURB THE BRAIN DRAIN. AS LONG AS THE GREENER PASTURE COUNTRIES CONTINUE TO ACCEPT HEALTH WORKERS FROM THE POOR COUNTRIES THIS PROBLEM WILL CONTINUE TO BE THERE.</p>
<p>Most of the developing countries have some form of training for health professionals (public and/or private). There is need to evaluate them and disseminate best practices as much as possible.</p>
<p>I suggest clarifying clearly the goals of the training that is covered in this theme, e.g. leadership development, behaviour change, scaling up numbers, etc. Each of these will have different 'good practices' and training methods to share. (I am not sure how retention fits into training, unless we talk about training cadres that have less opportunities for international migration.)</p>
<p>One of the problems I perceive is that those implementing "best practices" are not measured the same from country to country. One of the challenges we face in implementing "best practices" is in recognizing which are in fact the best practices, that are most easily adaptable, and have far reaching effect on health care workers. External parties including other country governments, NGOs, for profits, private sectors, who fund or provide funds, trainers, volunteers, etc., are not working towards same goals cohesively. We need a "sheep herder" in our mannerisms of documenting and disseminating practices that are actually working, demonstrate change, and can be standardized.</p>
<p>With regards to retention -- see previous comments regarding need to emphasize healthcare worker protection and creating a dimate of safety that benefits both workers and patients.</p>

HRH plans should include return/circular migration of health workforce
I don't feel certain that this theme will take primary health care to the next level.
Preservice and continuing education- and also look at DSA and other "false" incentives that promote the health workforce to constantly be at trainings as incentives as opposed on site incentives to deliver services- money and salary supplementation exist as training interventions in many countries.
This is the most important issue in HRH. We need to identify the countries which manage to overcome this problems or some of it. We need to have an exchange in formations between the countries to avoid the reinvention of the wheel
each country it has different modalities and can not gaining
Changing behaviour of health workers is crucial though is difficult to achieve health workers with positive attitudes are likely to be retained in their employment than those with negative attitudes. Few HWs with negative attitude can actually affect other's morale negatively.
to look for Venezuela's Agreement with other countries
short term donor training in hotels move health workers off the facilities, on site training is critical, and ministries of health must have master training plans that are based on need not donor money,
The problem is,.....the best practice it is not knowing for all, it seem that it is necessary more information and evidence....
interprofessional education and its effectiveness in the workforce
This is rather unclear about what it want to cover - is this pre-service? In-service? Both? Is it about developing technical competencies? Leadership skills? Both? Just what behavior needs to be changed? And maybe why. Could this be about the need for professional HRH managers? Why is retention included in this subtheme - that is so much more than training. Greater clarity would be very helpful in making this a more impactful subtheme.
The relevant skills and experience must be needed in order to successful.
I agree. The experience of countries need to be noted and documented along with its strengths and weaknesses. I should note in this connection that quick fixes do not necessarily work. One needs sustainable medium term programs that are well supervised and monitored
Not always what worked in another country would be the same in another country but that does not stop sharing the best practises.
The description of this theme describes a vast set of issues which perhaps do not fit under this theme label. Sharing experiences (ie - knowledge exchange and management) is a separate theme to education and training issues. Knowledge exchange and management is perhaps a cross cutting theme that could apply to the other major themes and sub themes. Education and training is a separate theme with specific challenges attached to it. Scaling up health workers and innovative mechanisms to build education capacity to train more health workers should be a separate theme, it is a key issue for all crisis countries. Sub-regional collaboration mechanisms to support capacity development should be sought and explored. Behaviour change is a separate issue that is more closely linked to the performance theme. It is unclear in the description what aspect is referred to with regard to institutionalisation. Under education and training should aim to cover issues of addressing academic capacity bottlenecks (lessons learnt, successful strategies, regional collaboration mechanisms), quality assurance systems development (to ensure quality of training), needs-based education approach (to ensure that training is relevant to service delivery needs), financing (financing mechanisms for scaling up of training institutions) and cross sector collaboration (between Ministry of Health, Ministry of Education, higher education institutions). The WHO UNESCO FIP Global Pharmacy Education Taskforce has a growing body of evidence and case studies to draw from and would be happy to facilitate programme development in any way.
sharing countries' experiences and Taking relevant the best practices is imperative. also innovative teaching methods enable students to understand better and change behaviours and attitude of health workers.

## Sub-theme 5: Governance / leadership of the governments

There a need to strengthen national governments to recognised civil society.NGOs partnerships particularly in the local level. This relationships happens sometimes only the national but not in the loca level.
Governance is important but like management is too closely influenced by politics and political leadership. it is therefore difficult to see how this can be an important strategy
Role and its Responsibility of the Governments
The stewardship of governments should allow different stakeholders to conduct policy dialogues and deliberations that deal with policy relevant HRH issues
there's one issue of this partnership, the private sector if given a had at the expense of help granted they resort to achieving quick profits
it is necessary to strengthen social participation in the decision of the public health policy
More robust co-ordination and collaboration with key Ministries need to be looked into and ways of strengthening and tightening should be explored
Although the Private sector including NGO's are taking on increasing responsibilities in health care delivery, the conference could discuss the important stewardship role governments must continue to take to ensure sustainability.
Doctors and doctors' groups/associations often have significant political capital. This can be a help or a hindrance in reforming healthcare and promoting HRH and new ways of working, depending on the views of the doctors involved (i.e. is task-shifting perceived as taking away power or freeing doctors up to concentrate on the clinical cases they need to and lead their team?). Therefore, leadership from with the medical profession is essential. It might also be useful to look at professionalism - i.e. what defines a doctor in the 21st century.
Contribution of civil societies and professional association should be acknowledged and government and international organization should work towards empowering them
Collaboration is key.
Very important that these other actors are properly brought into the equation. Currently too many public sector policy makers are ticking their own boxes without real recourse to those trying to deliver the services on the front-line.
The good ideas and motivated human resources are likely spearhead the movement to challenge the wrongs in health care. Depending for every thing on Government is counter productive and NGO play an important role in filling the gaps in government policies
Agree with content but not title. Could we have something like "interplay between different HRH actors"?
Partnership in training of health workers by Governments and non - state actors .
the contributions of the non state sector towards in-service training and supervision of HWs should be considered. Impacts of increased HIV/AIDs funding on these interactions are important to note
Much like the recent NGO Code of Ethics, there should be far greater coordination of efforts, personnel and money to avoid wasteful duplication of programs.
Modify to read; Governance/leadership; role of governments and other key actors transforming healthcare poor and vulnerable citizens
Agree this is important but we need to define the specific question to be addressed here - this theme is still too general. Could this be a 'how to' session, drawing on experience from countries that have successfully engaged private sectors and CSOs in governance - or is it about considering the set of tools that government needs for effective regulation.
politics and policies determ health systems. All the key players need to be brought on board in order to enhance the quality of care
The theme or topic should be defined more narrowly as "How to" develop leadership and governance (understanding that are two separate issues)
There are I think two levels of leadership and governance that this theme should focus: corporate and sectoral leadership and governance.
This is extremely important. Governance is now confused and highly dependent on external funders, and there is little accountability from most of these sources.
This is necessary in order to share experiences and improve health care provision.

There is need to coordinate all stakeholders in the health system for proper implementation of key policy decisions
DUE TO SELF LESS SERVICE AND GOOD DEEDS, RESULT ORIENTATION NATURE TENDS TO HUMANITY HENCE SELF VOLUNTEERING IS TAKING PLACE ROUND THE GLOBE
This could be a theme by itself, given the cross-cutting nature. The forum would then have three themes.
Leadership capacity is a great challenge for us. The two concepts are not well understood by practitioners. There is need for integration of these issues in the training and curriculum of health training institutions. There is need for promoting good health system leaders and to document experiences of such leaders in respect to talent identification, development and management
non state actors should be included in monitoring the projects in health sectors
Stakeholders should work together for improvement.
Governance schemes relate to national situations.
This is probably the most important one
I suggest the theme includes accountability for quality of health services as a governance issue across the different levels of the health care system in the global human resources for health crisis
Tend to think focus should be on actual delivery on the ground - governance will attract lots of policy "boffins" who are not connected to delivery
This is also another important issue with boring topic. We may go with 'Can government lead the HRH equity solution?'
Human resources management would be a better theme here. A real difference is made when attention is given to HRM. Governance and leadership is not nearly so important at this time.
This hinders professional judgement made by medical practitioners because most of the policy makers in African countries have no medical knowledge. They are likely to carry on anything that fits their political interests.
Do not ignore the Faith Based Sector in Sub Saharan Africa
Leadership and Governance can have a much wider impact beyond policy. This theme could also incorporate effective decision making, transparency, skills in leading a process to create a shared vision that taps the commitment and energy of staff at all levels in the health workforce.
I ABSOLUTELY AGREE THAT THESE ROLE PLAYERS MUST INTERACT FOR THE PEOPLES HEALTH. WHAT IS REQUIRED IN THIS CASE IS A STRONG GOVERNMENT POLITICAL WILL WHICH STANDS IN FOR PUBLIC HEALTH
Recent experiences have shown the key role of leadership in public Health. Some developing countries have clearly shown association between successful health programmes and strong leadership / governance at all levels of the health system.
Yes, but again, the theme should consider government leadership and governance AS IT RELATES TO HUMAN RESOURCE POLICY DECISIONS. (Emphasis intended.)
Not certain.
The problem with NGOs are working in an individual base, there is no harmony between each others and the governance. The cooperation is the key for the success of the work with noticeable outcome
very difficult, and very important
but the governance system by itself still weak and corrupt
This will help in introducing responsive policies rather than to stick to rigid outdated ones
community-based police are necessary but not NGOs or private sector because always they improve their added value or self interest
I strongly agree, this will enable key players to make significant input from different angles, in Africa governance is a challenges esp. with MOH restructuring, reforms and decentralization
Important but requires clarity of focus if it is to be of relevance and utility
I think it is necessary to strengthen the social participation in the decision of the public health policy
This point is specially very important and strategic for the future
There seems to be a disconnect between the title and the content - "government" in title, but

content is all about other players.

Governance is essential to the efficient functioning of the partnership between all stakeholders.  
Governance must be strengthened at all levels: central, district and local.

it is the social responsibility of the government to provide health services and needs their full commitment and other actors should just support .

Consider changing the title to "Governance and Partnership"

## Theme 2: HRH investment for equitable health systems and improving health outcomes

It is important to link distribution of HR even to production rates and reducing losses between training and deployment.
the global financial crisis will strongly hinder implementing this theme
The health financing in all its aspects is an important issue for improving health outcomes.
This theme is a global issue affecting not just the developing world, as witness the current health care discussion in the US.
Health is wealth, and i strongly agree with the concept
need to look at a possibility of joint support for training within the developing and low income countries to boost education - global basket financing (Global Fund type) or support of training institutions in most affected countries.
Output measurables not enough indicators of health service delivery .
Please see the promotion of the "15 by 2015" campaign for spending on health care.
Slightly modify by inserting "Sustainable" at the beginning of the theme.
Agree the theme, but again we need to clearly define the questions the forum is being asked to consider and be clear what we expect to get out of this session. Do we want an overview of the current state of HRH funding and different potential funding sources and to highlight the financing gap - considering ways of filling it in an equitable way. Or do we want to look at current financing and how it is allocated and consider how greater efficiency can be gained from existing resources. Again, there are strong potential links here with the closing the gap in a generation work - and we need to look for synergy.
I so much agree with the need to strike a note of self-sufficiency through locally mobilising resources for health and identifying local innovations.
Countries need to find ways of utilizing their own health resources better while setting up management systems that ensure that money from external sources is used to its maximum effect. There is a need for accountability
It is very crucial to find solutions to the reasons for this emigration of health workers and inequality in their in country distribution.
BY SWAMI HARDAS LIFE SYSTEM EVEN POOREST POOR WILL GET HEALTH IF THE GOVERNMENT AND OTHER INTERNATIONAL AGENCIES COME FORWARD WITH POSITIVE ATTITUDE . THIS WILL HAPPEN WITHOUT ANY HARM TO ANT ONE AND OUT COME WILL BE REALLY GLORIFIED
There is a transition from public facility delivery to private health care in most of the large economies. Challenge in such developing countries is to retain the health professionals in public systems and regulate the private sector to keep costs within a tight bracket. This may pave the way to inhibit the inequity in payments to the professionals with same qualification and experience.
So long as we do not limit our discussion of health work force to doctors and nurses. There are shortages and mal-distribution of all categories of health workforce. Sometimes too, there is under-utilization of available cadres of health work force
Donor partners need to support countries , who are committed to find ways of utilizing their own health resources better while setting up management systems that ensure that money from external sources is used to its maximum effect.
Yes - but needs to be very realistic
It would not be good to focus only on investment in HRH. U may look at the PMA conf 2010 program on the Global Forum on HIS. they have three themes: Foundation (the basis for the good HIS), solutions (the technical solutions for the good HIS), and the Frontier (very innovative or futuristic topics to improve HIS).
This doesn't seem to be a coherent theme. It needs simplification and clarity.
Please include the faith based sector
Effective health systems are fundamental to and effective health workforce so this theme supports theme 1 very well. This would be a good place to also focus on health leaders/managers who are the people who make the health system work, every day, at every

level, country wide.
CERTAINLY TRAINING MORE IS NECESSARY. BUT HOW TO RETAIN THEM IS A CRITICAL ASPECT THAT MUST BE ADDRESSED. ONE WAY IS TO INVOLVE THE RAPIDLY GROWING PRIVATE SECTOR IN TRAINING HEALTH WORKERS. THERE IS NEED TO URGE THE INTERNATIONAL COMMUNITY TO SUPPORT TRAINING OF HEALTH WORKERS IN THEIR HOME ENVIRONMENT AND ON CONDITIONS WHICH AFFECT THEIR POPULATIONS MOSTLY.
True !
Important theme but again, it needs focusing. Are we to focus on financing needs of HRH globally? Or is the focus on getting better data on how much is spent on HRH by countries, GHIs and donors now? OR is it setting up country-level management systems to ensure better use of external resources?
As mentioned previously the mal distribution must be addressed with innovative solutions otherwise we go direct in the wall with recommendation that will never be implemented! If management system play an important role it is not all. There is a need to align all the component of an HRH utilization policy by reviewing the financing system, the education and the multisectoral approaches
agree, I would also like to see discussion of the cost savings that result from making a major intervention in addressing the HR crisis. i.e., if you invest in improving working conditions, and the result is improved staff retention, how much does this save the government over time. In other words, donors might be encouraged to invest in the short term, in order to save in the long term. Berkeley has done research on these issues
I agree with the need for investment in HRH, but there are many underlying factors as to those percentages noted above that make it thus. Coordination of non-state actors is challenging, again going back to the "best practices" methodologies -- I believe that standardization of many health practices, and training models, will effectively have greater far reaching impact than to allow independent non-state actors to run amuck without some measurable way of knowing that the independent conversations with host governments, the independent influences made with host governments, will have far reaching impact on the country as a whole. It must be extremely challenging for each government to understand to whom they should be listening to to make commitments as to their setting up systems.
"Countries need to find ways of utilizing their own health resources better" -- yes, and one way of doing this is working to better protect the lives and safety of the existing healthcare workforce.
The role of donors must be included in the analysis
Reports are showing positive improvements.
This is very broad and not really discussions instead of factual presentations- I work with PEPFAR countries who can calculate how much they pay for HCWs but they cannot influence the maldistribution of HCWs which is even an issue in rural US and Europe. Besides rallying the troops I am not sure what discussion beyond statistical reality checks, this area would provide.
Develop a proper system which tackle the whole problem is the key for the improvement
key issue in research to be done in countries, because of country-specific factors. This is one area why countries need their own research for health workforce
in my country the investment in the HRH is not found
One can actually say GHI may attribute to imbalance of HRH distribution even within the public health sector. HWs tend to be attracted to GHI supported programmes and move from many health system due to better remuneration and improved working conditions. It is therefore high time for GHI to start supporting the entire Health system than focussing on disease specific programme
It is necessary more evidence....in this line, the proposal is strategic....
To add health workforce migration to developed countries as a critical factor to be targeted
Financing, in all its aspects, is definitely the "new" issue for immediately attention!
This is a critical theme. However this theme needs to be approached not only with billions of funds and millions of health workers. It ought to develop a sustainable mechanism of support. For example, why not twinning urban medical centres with underserved regions in the same country? In this manner, good care is provided by competent professionals who need not be

stationed in the under-served areas for their lifetime. Perhaps one could study a scheme whereby professionals in academic medical centers could serve for a period of 6 months in a rotation with technology being used for supervision and support. This would be good for health care to the population, as well as good experience for the professional - yet with no need for "expatriation" within one's own country. The local staff that reside in the under-served areas could also benefit from service (on a short time basis) in well served communities. We need to be innovative and seek solutions that can be financed and that can be supported by all concerned.

Would urge a broad focus and not limited to doctors, nurses and midwives in order to get a comprehensive understanding of the level of resource investment required.

I do not disagree that this is an important issue. I am unsure whether it is a good fit for global forum - who is the target audience? who will present on this topic? Perhaps if you can identify countries that have integrated resources and can document better results, it would be appropriate to include.

## Sub-theme 6: Financing HRH in the light of the Financial Crisis: Efficiency and use of resources for sustainability

There is a need to strengthen national government to create local laws in providing annual budget for HRH. So will help to address in terms of long term sustainability.
It is obvious that not countries have domestic wealth that might be sufficient to be re distributed and adequately used to address HR crisis from production, deployment and management and reduce attrition after deployment.
how are you to convert ones behavior if there in the profession to earn quick money like most of them are?
Should not focus so explicitly on training- need to look at retention and performance/ productivity issues
it is necessary to discuss different options of countries in this field. Financial crisis leads to scarcity of resources and it will analyze some innovations.
Human Resources are the cornerstone of the Health System. In spite of the crisis, the conference could discuss on how best, HRH issues should remain a priority.
This is a very large issue that is frequently ignored. When you talk about the HR function there needs to be a great deal of focus on the broad picture of HR - systems, policies, structures, and creating an enabling environment for the health workers. This is an important question that needs to be addressed systemically.
As in my response to the 'finding out what works' theme previously, this is a valuable line to pursue, at the governmental as well as the local level
The role pharmacists in health care to be reoriented in India which may not be necessary in United Kingdom
The Financial Crisis is a very recent development but the inadequate as well as allocative inefficiency of financing of HRH has been ongoing since time immemorial. That is what has to be addressed, whether there is a financial crisis or not.
Focus on sustainability would be good.
Training isn't the only approach to change behaviour and improve productivity. there are process issues that need to be addressed at the facility level
PROVIDE ALL ROUND TRAINING TO HEALTH WORKERS RATHER THAN MERE SPECIALIZATION
Part of this appears in theme one.
I think there is still a lot of ignorance in relation to the cost of the health workforce in relation to overall civil service size, civil service reform and salary policy. Still lots of discussions on IMF ceilings and whether these are limiting health workforce expansion (limiting fiscal space for expansion). We also need to consider what we really mean by sustainable - and over what timeframe.
Financing HRH in the light of the Financial Crisis will continue to be a great challenge. Efficiency and sustainability of resources for the available HRH need to be strengthened.
This topic has different meanings in countries that depend on external donors (more affected by the crisis) than in countries that don't depend on that.
I couldn't agree more. Financing of HRH is pivotal in moving issues up front and in the open since this is the language most of country leaders understand.
This brings into focus once again the importance of governance
Although the world is in financial crisis, there is need to address HRH challenges
THIS PROBLEM CAN BE EASILY RECTIFIED SEE HOW VILLAGES IN GHANA , KENYA AND INDIA GOT HEALTH , PEACE , COOPERATION BY LOCAL RESIDENTS WITHOUT MEDICINES AND MONEY.
there needs to be ..some mention of the ..need to develop policies on HRH investments ..that are most cost-effective for the context.
this is one important issue that should be addressed, but the topic should be more stimulating.
The financial crisis will be in the past by the time of the Forum. Efficiency and sustainability can and should stand on their own as issues, regardless of the financial crisis.
strongly agree because, syllabus of most tertiary health institutions misses out on the most relevant issues.

Please include the faith based sector
You might consider "Financing and Effective Management of HRH in light of the financial crisis... etc." Without improved leadership and management in health, all the financing in the world isn't going to address the HRH crisis. The whole systems needs to work or people will continue to refuse to work in rural areas or migrate out altogether. All of these areas are inter related and hopefully they can be described in this way for the over all Forum as the work proceeds.
THE GOVERNMENTS IN THE POORER REGIONS OF THE WORLD CAN DO A LOT MORE WITH THE FINANCIAL RESOURCES THEY HAVE. A GOOD EXAMPLE IS THE GOVERNMENT OF TANZANIA. IN TANZANIA FOR EXAMPLE THOSE STUDENTS WHO GO TO UNIVERSITY TO STUDY MEDICINE ARE GIVEN GOVERNMENT GRANTS. THIS IS THE CASE WHETHER A STUDENT GOES TO A PUBLIC OR PRIVATE UNIVERSITY. PRIORITIES PUT RIGHT CAN FREE MORE RESOURCES TO GOTO THIS LEGITIMISING UNDERTAKING
A critical step !
Citat from Chief of staff at the White House in US: "You don't ever want a crisis to go to waste"
Financing the HRH is a big concern so this is an important sub-theme. I fail to see, however, how the topics in the brackets (which training methods work, etc.) would be addressed here.
I'm afraid that there is some confusion in addressing this issue. If we consider the financial crisis... HRH has not been impacted by it. If we now consider the economical crisis then HRH can be impacted, especially through the availability of resources available for health...but this issue is already covered by a previous topic on mobilizing resource for health.
Efficiency and sustainability -- key words. In order to assure efficiency there must be a measurable and demonstrable set of indicators achieved to standardize the flow of aid. I would like to see just as a case example, one continent taken as if an onion, and each layer of funding peeled back to see what effects, impacts, change, improvements have actually been worth the expense in ensuring methods of training for changing the behavior of health care workers.
Finance is key to improving health workforce.
YES and very important to discuss the options countries have in the area- it seems to be in the discussion with MOH but MOF and MOPS are not connecting on this issue. Plus the leads in MOH tend to be MDs and Clinical staff not economists and financial experts that can accurately make these decisions.
It is the key for the success
same as for previous item - our interest would be in how to capacitate countries to take on this task themselves ... ie, needing their own research workforce
the fund that allocating to HRH not mention with comerson other sectors
to look for experiences
if the Abuja Dedaration is implemented, that's a good start for Africa
Should also focus on skill mix changes, support for effective team working, skilling up an supporting current workforce
the financial HRH is the hearth of anything proposal the politic...without analysis about this theme...nothing could be possible
Include capacity building on public management. In particular to improve abilities on human resources management. Technical cooperation can contribute in establishing a good civil service with civil servants who will be in charge of good governance in health
This isn't very clear about what is will include. IS it only domestic financing?
I do not wish to weaken the resolve by hiding behind the financial crisis, as important as it is. There were hundreds of billions of dollars that evaporated overnight; the solutions for underserved countries need a minimal fraction of these sums, if well spent, judiciously.
I am unsure as to how methods of training to change behaviours of health workers is relevant to the theme of efficiency and sustainability of resources for HRH. Need more explicit description of linkages with other themes. Need for theme to be focused as this is a specific issue and would urge against adding other themes which are covered elsewhere.
does it make sense to focus on sustainability in terms of the financial crisis. would talk about how to fill in short-term needs and then start looking at long-term solutions

## Sub-theme 7: Role of the Global health Initiatives (GHI) in contributing to HRH including the joint assessments of national HRH plans

This is too specific to be appropriate and runs the risk of being prescriptive.
It is an interesting initiative
I think it is important not to forget that the advent of GHIs, with the phenomenal increase in the levels of support to disease-specific programmes, was (arguably) responsible in no small way, for the diversion of attention (and thus resources) from the HRH crisis. HRH has traditionally, and still is, considered a 'weaker and younger sibling issue' to disease-specific programmes that offer seemingly easier and quicker positive results than HRGH, leadership, management, etc. It would be a missed opportunity and a disservice to the work being done (and those doing it) to 'de-emphasise' this reality of development aid financing. That said, I agree with the sub-theme completely!
Enter into closer alignment/harmonization, collaboration with cooperating partners engaged in health initiatives within the country.
Maybe if we can learn from what the GHI have done, otherwise, they are not sustainable, they have limited time lines in the countries where they work, may pay a conducive salary, but then they move on and the situation is back to where it was before. My feeling is that the focus should be on strategies that are sustainable, whether they are public or private, but within the countries. GHI are important as stop gap measures, but will not be sustainable in the long run. Some GHI train community health workers, pay them a salary that the government cannot afford to pay them, then the project cycle ends and the government does not take on the CHW and the service that was delivered by them is discontinued. In the meantime, the CHW are left disgruntled.
Excellent and timely sub-theme.
Not just talk, the huge GHI's (PEPFAR, GATES, CLINTON) must do more to integrate their programs/funding into "horizontal" health systems!
A debate specifically on GFATM NSA's and whether they make a difference, and whether they should be disease specific or go much further and be a way of funding overarching national strategies - this would be interesting.
Community Based Education programs provide a fertile entry point for addressing retention, task shifting, community participation.
Shortages in HRH is also a bottleneck to scaling-up service delivery. Strategies focusing on retention by training and improving work and living conditions of health workers in rural areas should be emphasized through these GHIs.
The FIP-WHO-UNESCO Global Pharmacy Education initiative promotes the enhanced education of both pharmacist practitioners and of pharmacy technicians/assistants. Skill mix policies are essential and we would welcome the opportunity to contribute to the important area.
Very Important to hear from GHI reps and to let them hear from the governments
Emphasis should be given on agreements already made and its implementation such as the Paris Declaration, etc.
Extraordinarily important to understand what is being done and whether there is evidence of impact.
It is necessary to continue assessing the pros and cons of this aspect.
Emphasis should be on the strategy to retain workers
IT WILL BE VERY EASY IF WE REALLY IMPLEMENT SWAMI HARDAS LIFE SYSTEM
Focus on good practices and experiences.
Where are best practices in task shifting? This is something that can work. WHO should quickly present findings on a study that was being done in African countries and disseminate to sectors other than health to appreciate the concept and take decision in implementing the concept. Besides the GHWA presentations I think that the implications of task shifting in the development and management of HRH needs to be discussed with sectors that have responsibility for the management and development of HRH e.g Public Service, Finance,

education.
Vertical programs can also have a detrimental effect on PHC workforce
For sustainability, GHIs should work in partnership with the relevant country governments to develop and work to achieve country-specific health work force objectives according to country-specific needs.
Working together is okay to improve sectors.
there is evidence of the impact of GHIs' on increasing the inequity due to focus on narrower agendas. Additional emphasis (by way of allocation of resources) need to be given to health systems strengthening through integration of HRH.
We may go with 'the GHIs as the most important barriers towards HRH equity' or 'GHIs: contributing to equity or inequity in HRH'
A better theme would be "GHIs: how they help and hinder HRH development"
correct. action is needed
Please include the faith based sector: some GHIs damage FBO by recruiting staff from them
IN GHIs LIES MUCH HOPE OF ALLEVIATING THIS CRISIS. IT MUST DO SO THROUGH HRH BUDGET SUPPORT. THESE FUNDS SHOULD SUPPORT SCIENTIFIC HRH PLANNING. ASSESSMENTS OF HRH REQUIREMENTS ARE NOT KNOWN IN MOST OF THE POOR COUNTRIES SO HRH TRAINING IS DONE WITHOUT ANY FORECASTING AND NEEDS ASSESSMENT
The issue (criteria...) for countries to have access to the available resources need to be addressed.
I agree with the examples suggested above, i.e., task-shifting, etc., but the reality is that without trained HR managers in place there is no one on the ground to implement any of these interventions. I would like to see building local HR management capacity included.
Here relates to my suggestions of having actual expectations of results (standards of practice).
Yes I think the more the GHIs learn on how they can impact more broadly they are willing to make the change and the framework discussions under PEPFAR are making this happen in many countries.
One of the important issue beside the retention of the health workers is continuous medical education to those people in the rural areas
Key question will be how GHI can support national systems (in care and in research) rather than take over. How can this be done ?
very important to include evaluation and thorough discussion on initiative consequences.
to look for experience of OIM.
in most cases data and information is accurate hence its challenge to base national assessments on these conditions
excellent initiative.....
I guess previous comments fit in here as well
we have terrific data from our maximizing positive synergies research to show how this happens on the ground with GHI funding
It is also important to address the issue of adverse effect of GHI and not only how they can mitigate the HRH crisis. Most of criticism have been on the side of adverse effect in the past, have they fully shifted... this is not obvious if there is an assessment of the consequences of their program on the HRH development in the countries. The question that should be asked is: are the healthcare workers mobilized the major public health challenges ?? This may not be true, especially with HIV aids!!!

## Sub-theme 8: Interaction between the HRH and Health Systems outcomes

This is already known. it is necessary to go beyond sharing lessons of what works or does not. Countries need to get together to act!
can be incorporated in one of the above themes of training work force
Should be regarded as important but exploratory, given the current state of data and research in this area
Although I agree with this sub-theme's content in its entirety, I found it a rather 'heavy and complex read'.
Sustainability
Te Health Information system and M and E need to be looked into more seriously
Due to non availabilities of strong pharmacy and nursing professional in health care,the doctors are wasting their valuable time in supplementing the pharmacy and nursing care services. Hence the shortage of doctors services in developing countries
MORE EMPHASIS ON VHT MODEL TO ADRESS THE GAP
I do agree but the issue is not that we do not agree about the numbers of health workers per population, but how to achieve and sustain those numbers. This theme is speaking to the converted, saying what we know. I do not think there is any country that believes that fewer health workers can produce quality health care services. The challenge is how to build up the numbers to the optimum and to keep them there, as well as to ensure equitable distribution.
IS there a need? Strong evidence is already cited. I don't think this will offer much insight.
20 doctors per 100,000 inhabitants is inadequate in disease burden countries compounded with HIV pandemic
Modify to read; Contribution of HRH to Health Systems and Outcomes
To justify mobilising money for HRH - the link between inputs (HRH) and outputs and outcomes - services and health improvement, needs to be much clearer. Tools are needed to allow countries to demonstrate that the inputs are leading to improvement in outputs and outcomes - this session should include work on indicators and how to measure and argue the link between HRH investments and MDG progress.
There is a need to explore and share evidences of interaction between HRH and health outcome. Currently there is a lot of task shifting in the wrong direction where the untrained workforce is delivering care outside their scope.
The Pharmacy Taskforce has uncovered new data that suggests medicines usage is correlated with density of pharmacist practitioners per capita in addition to country level economic indicators. We can additionally positively associate pharmacist practitioners with outcomes such as SMR, hospital inpatient factors, improving skill mix and retention. Medicines expertise is an important variable in all health systems from both an health and economic perspective.
After the success of Kampala as advocacy for HRH, now the question is how HRH contribute to better health systems
HRH is vital in any health system. And for any health system wanting to have better outcomes, HRH should be a priority. This only means that this theme should not take HRH independently with health systems, as they need to be strengthened simultaneously.
ONCE SWAMI HARDAS LIFE SYSTEM IS IMPLEMENTED THERE WILL BE NO ISSUE OF HRH EXISTING TECHNOCRATS AND WORKFORCE CAN BE MADE SUFFICIENT FOR ACHIEVING THE GOAL HEALTH FOR ALL OFFCOURSE IT NEEDS SUPPORT AND FULL CO-OPERATION FOR WHO
Difficult, but necessary
It has to be brought upfront that the doctor: population ratio is a basic way for planning health care workforce. More detailed and advanced methods such as needs based approach, demands approach and service targets approach must be considered in lieu of the basic and less informative population ratio approach.
Is this theme to find further evidence? That may not be priority for least developed countries...evidence of what works in similar contexts is more useful
There are also many things people can do to improve their health, so that health workers have to be empowering communities and individuals for these things they can easily undertake in the

<p>absence of health workers. This is an important way to explore also, because I'm not sure that with the world financial crisis ongoing, there should be great way for increasing indefinitely the number of the health workforce. Communities, for many health/ill situations, have the right solution and it is better to really involve them in the decision making about their health</p>
<p>There might be sufficient number of human resources...but they might not be interested to go away from city and urban areas...so this things might also need consideration..</p>
<p>go with more stimulating title but the issue is OK.</p>
<p>The title again needs sharpening. However, if GHWA didn't think that there was a strong case for HRH leading to better health outcomes, it shouldn't exist. An alternative sub-theme would be better.</p>
<p>Situation is alarming mostly in rural areas.</p>
<p>Health worker density is important. And we need to find ways to measure and improve the "density" of well prepared health leaders/managers in relation to the health work force that needs support and the people/communities to be served. I realize that leaders/managers are considered as a part of the health work force but the attention almost always gravitates to measuring the hands on medical capability of doctors and nurses. WHO in their 3 country study (working paper # 8 - could hardly identify who the health managers were because they are categorized as doctors and nurses but many have 50% or 100% health management work).</p>
<p>FIRST WE NEED TO CRITICALLY ANALYSE THE PATHWAYS AND DRIVERS OF THE INTERNATIONAL BRAIN DRAIN. ONE ASPECT IS TO GET THE INTERNATIONAL NGOs, ORGANISATIONS AND GOVERNMENTS IN THE NORTH PLUGGING THE EXIT CONDUITS OF THE HRH FROM THE SOUTH. THIS CALLS FOR AN INTERNATIONAL POLITICAL WILL</p>
<p>This is an important point. But few countries are aware of thi relationship.</p>
<p>Let's not forget that also a lot of World Bank work has demonstrated that health outcomes are not so much linked to health services!!! And let's not forget the message of WHO 2000 WHR : for similar resource mobilization outcomes may vary a lot. It may be very catchy for politicians to link health outcomes and HRH density but then it is also important to link the interventions on which the healthworkers have a high impact (like trauma care..) rather those where external conditions have greater impact than health workers themselves;</p>
<p>I'm not sure I understand this theme.</p>
<p>Yes and please help countries determine how to define those health systems outcomes and help them be able to send this message to MOF and Cabinet members of their governments. Specific examples would be most helpful.</p>
<p>It can be true but there are many variations can affect the interaction between HRH and health outcome</p>
<p>the physician the bad health care provider can depend on only</p>
<p>Pre-service training needs more investments to produce more health workers, fragile countries like Swaziland do not procure doctors, pharmacists, laboratory</p>
<p>Agree in principle, but the data sets and sources used in such research so far is often highly dubious in quality</p>
<p>obvious.....it will be impossible not consider holistic vision</p>
<p>Explore HRH planning beginning with a population needs focus</p>
<p>There is definitely a need to look at the interaction between HRH and health systems outcomes, but putting focus totally on health worker density as written here is wrong - and if that remains the focus then i would change my vote to "disagree". There are other ways - perhaps less tangible or directly measurable - that HRH affect/influence the health system that we should be considering as well. This sub-theme needs to reflect that, even if it is a beginning discussion.</p>
<p>I should note that the examples cited refer to immunization and vertical programs. These are the easier part. What needs to evolve is a comprehensive total care along with the promotion, prevention and medical care. The world and the various donors can make a difference mainly when the professionals and the population are assured taht they can care well for the sick within the community.</p>
<p>The issue of density may mask significant distribution imbalances within countries. Previous studies which found limited association between doctors and vaccination rates for example may be in part explained by the fact that doctors in surveyed countries were mainly distributed in urban areas and serviced a minority of the population compared to nurses who were more</p>

equitably distributed. There is also evidence that workforce density is strongly associated with economic development. Countries with higher levels of economic development also have higher densities of health workers. In discussing the linkages between health worker density and health outcomes, there is also need to understand the influence of economic development as a barrier/enabler.

I thought WHO did not consider the 2.3 number to be a benchmark. This statement implies otherwise.

we have the evidence, not sure it bears repeating it at the conference. could go in background papers

## Sub-theme 9: The health workforce response: Political and financial accountability to the poor

It is not only health where it is necessary to have political and financial accountability to the poor. It could be modified to reflect more issues of equity.
Need to be led by national governments and have representative voice of 'the poor' people.
not certain but i feel it can too be incorporated
it is important to propose new strategies for solidarity among countries and peoples.
Skipping, jumping and screaming with joy, at the inclusion of this sub-theme. Am I allowed to say that, by the way?
Long term solutions are rarely successfully established in conflict affected areas. Almost by definition the work is short-termist and best done by the emergency humanitarian agencies. GHWA should concentrate on long-term solutions where there is some stability. The challenge is hard enough in this segment!
THIS DESIGN HAS TAKEN OFF IN MY AREA OF OPERATION WHICH IS HELPING TO PROMOTE TRANSPARENCY AND ACCOUNTABILITY TO THE POOR THROUGH COLLECTIVE RESPONSIBILITY
If the world funds were equitably chaired all human beings could have necessary/ basic treatment.
For countries impacted by conflict or political instability, part of the solution is outside of the mandate of the health sector, beyond what HRH interventions can do to train and retain health workers. The response would have to be a very different one, maybe NGOs and GHIs provide the interventions, since their workers are paid conducive salaries and work for limited amounts of time. The locals who can will often have left the difficult areas and or countries for safer regions and countries, for the sakes of their families and the educational opportunities for their children. This issue is much bigger than HRH.
Not sure of the relevance here. Within the 57 countries, there are some areas within most of these countries which have terrible HRH problems. Would this be better focused towards pro-poor policies in general?
HR issues are complicated. Addressing them in the easiest countries first is likely to be a better approach.
Peace is prerequisite in countries where regular conflicts affect health delivery due to government's prioritizing politics and trivializing health matters .
Strengthening the short route of accountability - making communities more aware of what is a quality service and increasing service users expectations are all important drivers of quality improvement.
There is low productivity at all level. The Health workforce should be seen to be accountable to improve the quality of care
The Global Pharmacy Taskforce has developed a partnership with 7 African countries to test and develop systems for improving education, quality assurance and service development. We have gathered evidence to suggest that collaboration between countries ("S-S") is an effective way forward for increasing capacity and QA issues.
In cases as described above, its uncertain that the institutions needed to train and retain health personnel may exist. Perhaps (even it may sound politically incorrect) is better to help countries that are one step up and are beginning to march on their own feet.
agree, but health systems with deficiencies affecting certain populations are also in need of specific intervention.
I agree, but this might be difficult to scientifically prove because of the prevailing circumstances in such countries.
Poverty is the major cause of conflict
LOOKING INTO THIS ASPECT WE HAVE OUR SERVICES , TRAINING FREE
While I certainly agree with the theme and the need - - this is one of the harder ones to impact with solid plans in place going forward. Collaboration will be key.
Not certain exactly what this subtheme is seeking to achieve. What about the responsiveness of the health workforce (ethical, social, cultural etc) to the people they serve?
Conflicts are exacerbated the west for self reasons. The aid they give thereafter does not rube

the wrongs and pain they have created in the developing world
the content is very convoluted and touches on many different aspects. some that have been already covered!
Right to well trained HRH'
"Accountability mechanisms for HRH" would be a better title with a focus on what works and what is being tried.
ON THIS ONE WE NEED TO LOOK AT THE DEVIL IN THE EYES AND SAY THE FOUNDATION OF DEVELOPMENT IS PEACE. AND PEACE i.e. lack of conflicts IN THE CRISIS NATIONS COMES FROM THE NORTH i.e. THE DEVELOPED COUNTRIES. a GOOD EXAMPLE IS WHAT HAPPENED IN ANGOLA. ANGOLA'S PEACE CAME FROM THE NORTH after 25 years of war. THESE PROBLEMS OF HRH CAN NOT BE LOOKED AT IN ISOLATION. IT IS NECESSARY FOR THE INTERNATIONAL COMMUNITY TO HAVE A WILL TO HELP WHILE THE CRISIS RIDDLED GOVERNMENTS ASSUME THEIR RESPONSIBILITIES AS WELL ESPECIALLY OF HAVING THEIR PRIORITIES SET PROPERLY
This sub-theme is expressed in a very fuzzy way and it is not at all clear what would come under it. Discussing the different very poor countries' plight? Analysing what HRH interventions have been attempted there and how efficient they have been? Reviewing the impact of these countries to the richer ones?
Here again we need to promote research for innovative solutions and not to further replicate what has not demonstrate results in the last decade.
There are too many levels within this reasoning. Political factors are deterrents to getting anything done. Conflict creates emergency need, displaces people and creates chaos to the ability to set up any standard method for attaining health care. Its reactionary to the condition.
Is the theme "targeting these [very poor] countries" for interventions? Again, not sure what theme is.
these kind of situations implies a set of different approaches and are not suitable for testing the efficacy of the whole range of interventions needed
Again I think everyone knows this issue, but what to do about it would be my question to how this conference would address it. Global solidarity is needed, and no one doubts that but it wouldn't be a health workforce response that would make that happen. This theme is confusing because i think the efficacy of needed HRH interventions will be addressed under other themes
Even with lack of infrastructure, the education of prevention it can help in the reduction of health burden
to propose new strategies based in solidarity among countries.
corruption is still the big challenge, donor money does not trickel to beneficiaries.
Targeting these countries is necessary, but as HRH interventions are so context specific it should not be predicated mainly on assumption of "testing" efficacy of interventions- the interventions should be those that it is determined have greater potential for positive impact- this is the priority- testing/ evaluation to help lessons learned should be part of the process but should not drive it
is urgent...consider this problem .....but no forget health determinates...collaborate between the public and private health sectors are NSA
Political and economical context is important. HRH interventions may be effective in some parts of the world but not in others.
This is very true. Fragile states, conflicts, wars and civil disturbances can sap all efforts in all sectors. I wonder though what can be done to prevent these conflicts. Migration due to political and civil unrest is a determinant factor. One should not forget that professionals and their families and loved ones wish to have a safe environment to live in, much as they care for their own people.
The description does not seem to match the theme title. Suggest rewording to 'Building global political and financial commitment to targeted health workforce response in least developed countries'.
the focus needs to be clarified. Is this about HRH in crisis countries. Is it about the interconnectivity of HRH? etc?

## Sub-theme 10: Renewal of PHC and the health workforce to achieve international health goals

The PHC theme needs to reflect more community involvement specifically what the community wants, how should they contribute to HWF issues and health services.
Primary health care is the fundamental of the health workforce to achieve international health goals
The role, functions and infrastructure of primary health care should be strengthened. HRH is one important components, but there are other health systems factors that needs to be taken into consideration to make PHC reform a reality
i think the volunteers should continue working with professionals as they understand the community better
this seems linked to the subtheme on health workforce and health outcomes.
If PHC are strengthened their will be reduction in hospital admissions
involvement of communities contributes to achievements in proving health services
not sure this is evidence based - is PHC really the most appropriate way? is there evidence it contributes to health equity, social justice etc?
Community capacity building on need for health insurance policy and promotion of reproductive health for realization of MDGs targets 4 ,5 and 6.
The community health workers, community/village health committees must be retained and strengthened. They provide sustainability that outside, more trained health care workers cannot reproduce.
Primary health care reforms and the strategies to improve health workforce to achieve international health goals are required more than before
Kampala talked about HRH as a topic in itself. Bangkok should make all the efforts to make the connections with health goals.
This may a secondary focus since, if we get the right number of HRH with the right skills and in the right places, this focus will be addressed.
This would also ensure a broader provision of preventive medicine: "Prevention is better then cure".
Prevention is better than cure
HEALTH, PEACE, PRGRESS AND GLORIOUS LIFE CAN BE GIVEN TO ALL
Report was developed just before the global financial crisis started. Social deteminants are changing and report needs to be reviewed.
The word "international" may be better replaced by "global" to stress the desirability of the goals world wide. "International" may denote "foreign" in certain contexts.
this is an important ..theme. area for discussion...as the role of HRH is central to PHC reforms. one size does not fit all. so there is need for different reforms to suit the need.
As it was mentioned in the Ouagadougou declaration last year (April 2008), Health Promotion is the main strategy to revitalize PHC. So it is critical to help countries adopt the principles and values of Health Promotion in their health systems according to what WHO State Members in the African region had already agreed on for almost ten years now, but are not moving on the adoption process. This global conference can explore obstades and propose solutions for a better health system reinforcement through Health Promotion approaches.
Yes but... we've been there before - what did we not get right that time?
Very conventional topic. It'd be better to say 'HRH for UC of essential HS'
By the time of the Forum, the 2008 WHR will be old news. Better to link the Forum to the 2010 WHR theme.
Please include the faith based sector
Totally agree - we need to get back to supporting PHC as fundamental to health people and healthy communities.
THE PHC MOVEMENT SUCSSES LIES BEYOND THE HEALTH CARE SECTOR. THERE IS NO NUMBER OF HEALTH WORKRES HOWEVER LARGE STOP DIARRHOEA IF THE PEOPLE ARE STILL LIVING UNDER POOR HYGIENE. CLEAN WATER COMES FROM BEYOND THE HOSPITAL

Merge this with the first main theme and clarify what the HUMAN RESOURCE issue(s) for discussion is.
If PHC is understood extensively and not only as the provision of basic care. It is also important that in a system the PHC is not only the role of first line workers but a response of all the actors. In certain countries it may be very effective that urban health is coordinated by hospitals, especially when facing a large portion of long term diseases. In other world the PHC has to be adapted to the situation of the country and what is effective in Burkina is not at all in Moldavia.
How do you link the poorest of the poor to the richer more elite setting? How do you eradicate social inequalities?
Achievement of international health goals should not be primary but secondary. PHC should be used to improve access to health care to the poor.
Yes but i think this was already stated in another way earlier.
the most important is the team work between this group is the key
this package needs to be revisited, as it differ from country to country
the otherwise it is not possible to modify anything....
Its not completely clear what would be the focus here. Just some editing to more fully develop the content would help. Are we moving away from CHWs? Or are we trying to define their roles?
PHC ought to be viewed as a philosophy, as a way of developing health systems, based on quality, community engagement, resources, referral. One must be proud to serve within a PHC environment.
With particular emphasis also on fragile states
This seems linked to the subtheme on health workforce and health outcomes. Perhaps they could be merged?
Consider mentioning the role of HRH in pandemic prevention and mitigation. That is most certainly a critical international health goal.
does this not belong more to the main theme 1?

## New themes and sub-themes:

All the theme mention in this survey somehow already highlighted.
1, Getting all partners working on this issue. Community perspectives of health services and health workforce. 2. Accountability for health workforce, governments, Civil society and community.
Building a Robust Health System and Improving the Quantity and Quality of Health Workforce for Equitable Access to Primary Health Care
- Education and training programs for HRH to reflect population health needs - Information systems and HRH data infrastructure - qualitative examination of HRH including the type of activities and care that they promote (community, preventive, palliative, curative, etc.). In other words information is needed on the functional roles of HRH - attrition and migration patterns - re-licensing of health professionals and quality of care - Measuring performance and productivity
identifying young and competent nurses and doctors with interest in the profession and offering them training opportunities but with a strict condition for them to remain serving there countries of origin not brain drain
Maybe Health Professions Education (in its broadest terms and including quality of training, increased output, funding for training, retention of graduates, rural training, etc.) should be considered as a separate subtheme of theme 1.
Incentives and motivation of health workers- focus on effective teamwork
a)To explore ways of using e-learning methods to train HRH in both developing and developed countries. In the former countries tutors are scarce and distance might be a barrier in education and training. In the latter, tutors might be scarce and HRH time b) to create models so as to measure the impact of HRH in health outcomes
many topics were listed. Can be identified as providing health information for improved health of populations.
Nothing to add. Everyone involved in putting this together, did a stellar job!! PKJ.
Results based financing...its strengths, challenges, sustainability
The Health Information systems and its relationship to the Human Resource Information. These systems do not talk to each other in most cases. The Monitoring and Evaluation functions in most countries are not strengthened. The staffing for this function and the perception professional health workers have for the HMIS needs to be looked into and ways explored how each professional Health worker and the HMIS staff can seriously attach importance to information collection validation as well as use. This should not be seen as a routine function but a dynamic function which has a role to play in analysing health outcomes There is need to look at best practices where this has worked. SERVICE DELIVERY- Issues publicizing health rights-Patient and provider charters as well as ensuring the availability of Service Charters in health facilities are not given prominence but these are critical in ensuring the quality of care as well as creating demand for health services from the vulnerable marginalised populations
Mentoring and supporting of HRH
Those proposed seem to be comprehensive - I would like the opportunity to debate the issue of uncaing care, and how to re-motivate burnt out, highly pressurized staff, but this may well emerge from a few of the themes already identified. The point is that having enough staff in the right place with the right equipment is necessary but not sufficient for good quality care.
Access of scientific artides to health workers in developing countries
No additional ones.
You have plenty... and they are good. But keep it simple, which means a focus can be kept.
The Implementation of pharmaceutical care and involvement of pharmacist in health care practice Patient safety
Poverty, health and health human resources causal linkages
INTEGRATED PRIMARY HEALTH CARE SYSTEM WITH FOCUS ON STAKE HOLDER ANALYSIS IN THE SERVICE DELIVERY AND UTILISATION THROUGH SUSTAINABLE HEALTH CARE DESIGN SUB THEME ; STAKE HOLDER ANALYSIS AND RESOURCE MOBILISATION, ADVOCACY FOR HUMAN RESOURCE HEALTH CAPACITY AND TEAM BUILDING.

I would strongly recommend to add health informatics / e-health initiatives as specific sub-themes for attaining quality improvement in healthcare delivery. On many occasions that may actually take care of skilled manpower shortage in particularly distant / remote areas.
I would like to suggest adding in themes a study case reflecting a current situation occurred in a developing country. Thanks
All themes seem to take a health worker as one, however, there is often a tension between specialist areas, such as internal migration from other specialties to HIV/AIDS treatment and care, as an example. As one GHI is beginning to get into the area of mental health, they too want to train a specialist mental health worker at the community level. This person will be paid a salary that may draw them away from general health care, thus exacerbating the shortage of health workers available to provide general care. So a theme I would propose is the silent competition between specialty areas, that leads to internal health worker drain.
Quality of services in the face of HRH crisis    Performance of staff    Continuing education using innovative methods
Technology to improve efficiency.    Professional motivation/financial incentives: the evidence    Bilateral agreements between west and low-income countries to counter migration: discussion and effectiveness    Recruitment of retired/emigree health professionals
i think you've done a good job of capturing the salient issues.
North - South collaboration in correcting the current and future shortage of HRH.
International health workforce migration policies possible guidelines
Training capacity of health professional training schools in crisis countries.
Develop a generalized, community-based training model for family/primary physicians that works in many underserved areas of the world, both urban and rural. Use the themes of health system change that can apply to both sub-areas of the poor and underserved. Memorialize this training focus (for nurses, physician assistants, nurse practitioners, pharmacists) into the new health system for each country.
1. Forming formal linkages between communities and facilities    2. Health informatics and how these can be used to support health workers
bilateral or multilateral code of conduct (bonding one) and accord
I would like to propose areas in HRH that specifically deals with the corporate set-up in any country or area. These are the recruitment and selection system, performance management and career management and development systems. It is all right to start with the sectoral HRH but the corporate HRH systems should also be addressed. This will deal with issues that we currently face such as migration, poor retention, etc.
How to address the demographic and epidemiologic transitions involving aging and the emergence of NCDs
Methods to improve transparency in governance and delivery of health services
More strategies on how to retain health workers in hard to reach areas
“SWAYAMSIDDHA” PROJECT I AM SWAYAMSIDDHA - Means • I am healthy, capable of solving my health related problems and that of others. • I am at Peace and capable of contributing to peace of others. • I know the methods of solving various problems of self and others. • I am confident of achieving progress for self and others. - By doing so, my mind is becoming broad and pure. This pure Seva materialized through me is making me happy. I feel myself as a privileged person. MY FAMILY IS SWAYAMSIDDHA - Means • My family is healthy, capable of solving health related problems of our family and that of others. • We are at peace in our family and capable of guiding other families to remain at peace • We are capable of solving the problems of our family and that of other families. • We are capable of achieving progress for our family and other families. - In our family we believe and practice selfless service to mankind, sacrifice, mutual respect and love for each other. That is why our family is called “Swayamsiddha”. Because of these qualities we feel proud of us. MY VILLAGE IS SWAYAMSIDDHA - Means • My village is healthy, capable of ensuring health to all the villagers and that of other villagers. • My village has become Peaceful and Capable of contributing for the peace of our villager and that of other villagers. • With proper training we know how to respect each other and teach manners to other villagers. • My villagers are capable of solving the problems of water, water level of our and that of other villages. • My village is capable of increasing productivity of its own and that of other villages. - Because of such qualities we have stopped infighting and the entire village has become one family.

Selfless service and good deed has enhance the human values making our village as “Swayamsiddha”. It is the master key to contribute to the growth and progress of our village and that of the neighbouring villages. We can make our Country and World “Swayamsiddha”. This has become possible because of Swami Hardas Life System. Fortune is knocking at our door. Let us grab the opportunity. We have stated SWAYAMSIDDHA PROJECT and the results are really wonderful. Honest efforts were made to make village / life Glorious in which — 1) Health - Making Every one Healthy & capable . 2) Peace - For self, family & society. 3) Progress - All round progress can be achieved. 4) Education - it is not only to make them literate but pouring moral values into them based on humanity, self less service, good deeds thus achieving all round development. 5) Water - Bringing to healthy positive state wherever possible. 6) Ground Water Level - Enhancing ground water level quality and quantity. 7) Temperature - Bringing environmental aspects to its ideal natural geographical requirements and maintaining it in the same state at few places. 8) Animal - Making Healthy and increasing efficiency 9) Production – Increasing productivity, Producing More Healthy food in less efforts & inputs. This is for the present and for future also with many more things. Specialty of this achievement is :- 1. Expenses- Nil- Expenses for going, coming , food are born by volunteers themselves and organization. 2. Requirement - Nil Like medicine, Infrastructure equipments etc. 3. Manpower - No- Specialist, No Doctors, No Health Workers. Organization volunteers will give training and guidance. 4. Actual Work – By Local residents- They will be taught & work will be done by themselves 5. Independent & Capable- The villagers will be independent and capable to solve their all problems 6. Productivity – Capability of self, animals, cattle etc fertility of land will increase great extent without fertilizers and chemicals on the day and in future also 7. Safety - This is the safest Method totally harmless, No side effects, can not be misused , no harm even if used in wrong way. 8. Brotherhood - Establishing Co-operation and Brotherhood. 9. Glory - The villagers will be capable to make their Life Glorious themselves. 10. This is made possible by The Latest Invention & Development – Swami Hardas Life System This is the complete answer for today's all problems like 1. Health problems particularly – tribal, rural, poor , Poor and underdeveloped countries 2. Poverty, Hunger, Malnutrition 3. Shortage of Specialists & Health Workers Through out the world- Particularly – Africa & poor countries and nearly all problems in the world 4. It is the best solution for achieving Millennium Development Goals. TILL DATE WE HAVE FINISHED MORE THAN 495 VILLAGES IN THIS SCHEME

Possible contributions of 'reverse brain-drain' - temporary assistance of health workers from developed countries for health service delivery in underserved areas.

Role of Diaspora health workers/networkers in addressing the HRH crisis in source countries - based on a number of considerations, including: - There are a number of diaspora initiatives being developed, and it would be useful to examine how they are impacting the HRH crisis - Where they have worked, what have been the success factors? - The IOM supported MIDA project, with work in Ghana comes to mind - are there others? How formal/informal? - What are the government responses to such initiatives?

1. STRENGTHENING HRH RECRUITMENT SYSTEMS, PROCESSES, PROCEDURES AT NATIONAL AND DECENTRALISED HEALTH SYSTEM. This theme should also address: Structures and processes of recruitment at national levels, accessing those recruited to national payrolls quickly, determine what jobs could be filled at the health service delivery point as opposed to making lengthy submissions to the recruitment agencies, allowing flexibility to health sectors to determine structures and ceilings for recruitment of staff against their set budgets.

Training institutions (universities and health colleges) are vital and important factor in the production of public health oriented health care workforce. The effect of training institutions in term of their curriculum content and structure on how to invest in their training in a way that would encourage medical, dental and other health related students to be aware and passionate about public health problems and volunteer work should be discussed.

I wish that within the themes identified, enough scope is kept to concretize the training policy for health professionals. There is a need to integrate training and upgrade the training institutes in a manner that they may deliver the goods effectively.

the implementation of grants and fund from international agencies to developing countries and its effects on the health sectors

The themes captured in this survey were very inclusive and hit the key areas that are critical to

moving forward. Thanks!
Migration of Health Workforce (south-north; public-private etc) Social and behavioral skills training for health work force Training of middle-level health workforce
Gender mainstreaming in the health sector. Water resource as priority aspect of health sectors.
Overall...the themes are comprehensive...but to get a clear message ..I would suggest there are 3 main themes and only 1-2 sub themes under each.
Poorer countries will take several decades to have well trained medical professionals in remote regions. A more practical approach would be to have mid level providers, who are supported and their training enhanced to handle emergencies. The theme I suggest is ' Role of mid-level health providers in providing emergency care in remote regions?'
A sub-theme under the Theme 2 should look at the "Role of Health Promotion in the performance of the health system in HRH crisis situation".
Technology transfer...so that people may be trained in their home nation...and stay...
1. Retaining/maximising existing HRH at country level. 2. Achieving primary health care through efficient use of different cadres of health workers.
I would like to see a session on "breaking the mould" radically new and innovative ideas to deal with workforce issues..
already propose many themes and subthemes. I hope I will be invited
I'd like to see more on country success stories. What did they do and what results did they attain? I'd also like to see progress reports on the Kampala Declaration and Call for Action. What did countries and the international community do as a result? Why didn't they do more? What was missing or mis-guided about these documents? How has the world changed in the intervening years?
Humanitarian settings (complex emergencies, post-conflict, prolonged conflict) would be important considerations for the various themes and subthemes as I've indicated in the early questions on this survey.
Please include the faith based sector which is a major component of health care provision in Sub Saharan Africa & was ignored in Kampala
Improving the value of the health leaders/managers roles including financial support for preparation at pre service and in service levels and developing career paths in health management. As noted, the WHO Studies on Health Leadership and Management support this, the 2008 Kenya Assessment of L & M in Health and a new study by AMREF and MSH 4 country study in Africa (2009) show that those with HRH responsibilities at all levels in the system also report inadequate preparation to succeed.
<b>SUB THEME: ADDRESSING THE BRAIN DRAIN:ROLE OF THE RECEIVING END</b>
1. The scope of work for community health workers.
Positive Practice Environment is a phrase used to describe how to make the workplace of HW attractive and thereby helping in recruiting and in retention. The work on this concept has been initiated by the ICN inside the WHPA (see <a href="http://www.whpa.org/PPE">www.whpa.org/PPE</a> )
Developing competence in human resource management. (Very few opportunities currently exist to provide managers in a country's health system the human resource management competencies that they require for their roles. Training needs of a head of a HRH section in a national ministry of health, for example, are obviously different from those of a hospital director. Each manager requires HRH management training that is appropriate in content and length to his/her function. But whether it is on the job, distance or university level training, such training opportunities are extremely scarce. What can be and should be done to improve competence in human resource management through the development of appropriate training material, innovative modes of training, etc.?)
Better utilization of HR in second and third level facilities to support public health priorities
I think you have been very comprehensive. I don't have anything to add
I think your plate of ideas is quite full. My best wishes for a successful and productive forum. I look forward to learning the outcomes.
There is a need to talk of production of health professionals including attracting young people to study in health related fields. The proposed theme should be -Production of health professionals.
"Protecting healthcare workers in sub-Saharan Africa and other economically challenged

regions from occupational disease transmission: progress and challenges."
How international cooperation agencies could approach these problem, and what are they really doing in respect
Effective Primary Health Care Services is key to socio-economic development and should be given POLITICAL AND FINANCIAL SUPPORT by governments. Primary Health care is the drive force to good health and economic development so adequate workforce should be considered a priority.
Support to local management structures for health workforce strengthening under decentralization- *DHMTS, Facility management or QA teams etc. Using data for decision-making- using HRIS with MOPS and MOF information systems Pre-service critical areas- beyond just curriculums, tutors, professors skills and new way of training new health care workers in a crisis and moving beyond it as a bilaterally addressed issue Management cadres and management requirements for all health care senior staff-
1. Leadership 2. Strength the medical education in the presenting schools of Medicine
Essential nature of health research in countries to guide health sector transformation - and the 'human resources for health research' requirements
Experiences in building and strengthening health professional organisations. Can this help improve professional "pride", training and specialisation, performance, working conditions and national policy debate?
ethic and moral behaviour of health providers
Not much has been mentioned about the need of Employee Assistance Programmes to support HRH especially those overburdened with high workload, under difficult working conditions while stressed and burned out. It will be good if there would be a theme on that
Processes of delivering adequate health information to health workers on the field in an effective and sustainable manner
Mass Media and RRHH for Health. -How can influence mass media to improve the retention of RRHH for Health in countries.
HRH a global agenda worth pursuing
Leadership and management; organisational culture; change management; community responsiveness and communication/education of the community (this last which we have done badly for decades). Without the real engagement of 'civil society' - and politicians -such that they understand and can 'walk with us' as partners in transforming health systems, we will continue to have health used as a political football, mitigating against thoughtful and ethical approaches to addressing issues and finding agreed strategies to move to the future. Without effective leadership a future is hard to articulate and therefore 'any road an destination' to wander towards (or not) becomes the norm. Without effective management any number of attraction and retention strategies will fail as they will not be sufficient to counterbalance a poorly managed work environment.
it seem that it is necessary also to contribute relationship between UNIVERSITY & HEALTH SECTORS in order to human resource development... finally, the financial theme and the management of HRH it is the more important in this time
Inter professional training Health workforce pathways Alliances between health and education Regulation on training institutions and professional bodies
I think clarifying the existing themes is sufficient!
civic responsibility of people to health systems
Meeting the healthcare information needs of health workers in low-income countries. Global Healthcare Information Network / HIFA2015 would be happy to help.
1- Incentives of human resources 2- relation between health education and population needs
The potential role of academic medical centers in health development The potential role of the armed medical services in health care Funding twinning arrangements between and amongst countries Discussing a health development tax on the sales of weapons; an offset program perhaps Development of incentives for professionals and other stakeholders to engage in PHC (tax rebates, preferential treatment, etc..)
HRH and fragile states
Theme of scaling up education and training needs to emerge as a separate theme as mentioned in my response to this survey.
1. The medical specialists availability 2. the HRH in the context of health reforms 3. The HRH

and the markets, (education, services, labour)

-The role of mid-level and front line cadres -The role of management cadres -Division of labor within the healthcare team -Innovative pre-service education models -Innovative support supervision models (eg: using mobile phones)

I cannot think of additional themes, but would urge that currently proposed themes put emphasis on efficiency and effectiveness. Also, impact measures of programs designed to address HRH shortages should consider effects on patient outcomes.

Political commitment for the equitable quality health care of the people each country