ADVOCACY AND COMMUNICATIONS STRATEGY
OF THE GLOBAL HEALTH WORKFORCE ALLIANCE: 2009 - 2011
ADVOCACY AND COMMUNICATIONS STRATEGY
OF THE GLOBAL HEALTH WORKFORCE ALLIANCE: 2009 - 2011
INTRODUCTION

A pivotal time for the response to the health workforce crisis

Never has there been a more opportune moment to address and resolve the critical shortages of health workers around the world. The health workforce crisis is now well recognized as one of the most fundamental constraints to achieving international health and development goals such as the Millennium Development Goals and universal access to HIV prevention, treatment, care and support.

Momentum on the issue of human resources for health is high. Recent political and financial commitments are showing high-level leadership and action (see box 1). And we are seeing progress on the ground: as a result of global and national efforts, several countries have made significant progress in improving their citizens’ access to quality health care supported by appropriate levels of trained health workers.

We are at a pivotal time for progress. The Global Health Workforce Alliance (The Alliance) needs to quickly position itself to be able to assist the global community in implementing the commitments made and ensuring momentum on the issue continues - to ultimately ensure progress in countries.

We have a global responsibility to act -- today.

The Alliance Advocacy – driving action

In the two years since its inception, the Alliance has worked consistently to bring the health workforce crisis high on global, regional and national agendas.

There is no doubt that this increased level of advocacy has played a central role in the encouragement and development of political and financial commitment at the global, regional and country level. The First Global Forum on Human Resources for Health represented a turning point for the response - where the global community came together to endorse the Kampala Declaration and Agenda for Global Action as the roadmap to guide the response to the health workforce crisis.

Increasing recognition was fundamental to igniting mobilization on the health workforce crisis. But now is the time for the Alliance to advance its advocacy agenda, to drive forward progress - moving from commitment to action.

The Alliance’s advocacy strategy is based around contributing to ensuring that the Kampala Declaration and Agenda for Global Action goals are met and that progress in countries is appropriately promoted and disseminated in the period 2009 - 2011.

Continued global level advocacy is essential to tackle the global crisis and realize the goals set out in the Kampala documents. But country and regional-level advocacy strategies are equally vital if we are to be successful.

The reality is that even with growing financial and political commitment, the deficit of health workers is still colossal. While driving to accelerate action and progress, the Alliance therefore also has the responsibility to continue to keep human resources for health (HRH) high on global, regional and national agendas, connect partners at all levels and facilitate, encourage and enable each to play their respective advocacy roles.

This strategy aims to outline key activities and tactics that the Alliance Secretariat can lead in order to reach its advocacy goals and objectives.

**Goal & Priorities 2009-2011**

**Advocacy goal**
Towards the realization of the Kampala Declaration and Agenda for Global Action and towards the achievement of the MDGs and other international health and development goals, Alliance advocacy will:

- Mobilize governments, international organizations, civil society, the private sector and other stakeholders to expand and implement national and international political programmes and funding commitments - translating commitments into concrete actions.

**Priorities**

**Building national and global leadership at the highest levels for health workforce solutions to ensure commitments are translated into action and that the issue is kept high on international, regional, and national agendas and to drive country action.**

**Ensuring capacity for an informed evidence-based response, with the goal that countries have well developed, evidence-based and costed HRH plans.**

**Highlighting Scaling up health worker education and training and implementation of the Task Force recommendations.**

**Encouraging the retention and effective, responsive and equitably distribution of health workforce.**

**Encouraging the management of international health workforce market pressures and its impact on migration - including support to/promotion of the WHO-led process for the introduction of an international Code of Practice on the ethical recruitment of health personnel.**

**Securing additional and more productive international and national investment in the health workforce - with the goal of insuring spending increases year on year, is sufficient to enable the full implementation of robust national health workforce strategies, and is sustained.**

2008 - An exceptional year for commitments

- The First Global Forum on Human Resources for Health (March 2008) culminated in the endorsement of the Kampala Declaration and Agenda for Global Action—a framework to guide development of human resources for health over the next decade.
- In April 2008, President of the United States, George Bush and the Prime Minister of Great Britain, Gordon Brown announced their intention to provide support for increasing the numbers of health workers across four countries in Africa (Ethiopia, Kenya, Mozambique and Zambia).
- At the 4th Tokyo International Conference on African Development July 2008 – Prime Minister of Japan, Yasuo Fukuda committed to train 100,000 new health workers in Africa over the next five years.
- Leaders for the G8 nations pledged to actively address the critical shortages of health workers across the world as a fundamental component for progress in health. The G8 leaders also noted the work of the Alliance and partners and the importance of the Kampala Declaration and Agenda for Global Action to help guide the response to the health workforce crisis.
- Provisions on training and retaining 140,000 health workers were also included in reauthorization of the United States President’s Emergency Plan for AIDS Relief (PEPFAR) Act at the end of July 2008.

At the United Nations High-Level Meeting on the MDGs (September 2008):
- The Global Campaign for Health announced its aim to mobilise an extra $30 billion by 2015 to ensure 4 million more children’s lives are saved and 33 million more births are attended by skilled health workers.
- A new taskforce on Innovative Financing for Health was launched by the UK, Norway, the World Health Organization, the World Bank and others to help towards funding over 1 million health workers by 2015. This effort will report to the G8 next year.
- The UK government pledged £450M over three years to support national health plans, including training more nurses, midwives and doctors in eight of the poorest countries.
- Significant commitments were also made at the Clinton Global Initiative Annual meeting (September 2008) including a multi-million dollar pledge by computing giant Intel.

GOAL & PRIORITIES 2009-2011

**Advocacy goal**

- Mobilize governments, international organizations, civil society, the private sector and other stakeholders to expand and implement national and international political programmes and funding commitments - translating commitments into concrete actions.

**Priorities**

To achieve the above stated goal, strategic approaches for 2009-2011 have been developed, focusing on the following priority areas:

- Building national and global leadership at the highest levels for health workforce solutions to ensure commitments are translated into action and that the issue is kept high on international, regional, and national agendas and to drive country action.

Ensuring capacity for an informed evidence-based response, with the goal that countries have well developed, evidence-based and costed HRH plans.

Highlighting Scaling up health worker education and training and implementation of the Task Force recommendations.

Encouraging the retention and effective, responsive and equitably distribution of health workforce.

Encouraging the management of international health workforce market pressures and its impact on migration - including support to/promotion of the WHO-led process for the introduction of an international Code of Practice on the ethical recruitment of health personnel.

Securing additional and more productive international and national investment in the health workforce - with the goal of insuring spending increases year on year, is sufficient to enable the full implementation of robust national health workforce strategies, and is sustained.
advocacy and communications strategy of the Global health Workforce alliance: 2009 - 2011

Connecting partners at all levels and facilitating, encouraging and enabling each to play their respective advocacy roles.

Publicizing and advocating progress and ongoing challenges.

Positioning the Alliance as ‘go-to’ source and focal point for solutions on the health workforce crisis.

Target constituencies

With its global mandate, the Alliance targets a wide variety of audiences on the international, regional and global level. While influential groups or sectors differ, the lists below contain some of the most important advocacy allies for the Alliance.

The communications and advocacy strategy will operate across two broad levels:

Internal: with the Board, partners and members with the aim of building and increasing the global movement and positioning the Alliance as the HRH advocacy, convening and knowledge brokering focal point.

External: with governments and parliamentarians, donors, civil society, private sector, UN / International organizations, Global Initiatives, professional organizations, academic and think tank organizations, Media and the general public-with the aim of translating commitments into action, ensuring the health workforce crisis remains high on global, regional and country political agendas and continuing to help mobilise resources increased commitments.

For driving ‘change’ the Alliance will focus much of its advocacy work around leaders and decision makers - within governments and influential bodies - and constituencies who can assist in this drive for change such as civil society, the media and professional associations. Development of targeted messages, and subsequent communications activities and campaigns for target audiences, forms part of the activities outlined within this plan.

Advocacy challenges and opportunities

A number of prominent challenges that advocacy on the health workforce will contend with and have to overcome, including:

- Very large financial gaps and lack of ‘global’ resource estimate
- Relative lack of robust, costed HRH plans
- Gaps between rhetoric and reality
- Tight timelines on international goals (for example the MDGs and Universal Access) vs. time needed to produce new workers
- Complexity of targets and lack of consistent updating on data points and needs estimates

Nevertheless, this is a time of great opportunity for the development of advocacy on the crisis. Key opportunity considerations include:

- Greater global attention and commitments on the issues of human resources for health and the health crisis than ever before. The Alliance has contributed to raising the prominence of the issues.
- More resources available for health system strengthening, particularly within the AIDS response, that can be harnessed and utilized to strengthen the health workforce in countries, as part of national plans on disease specific initiatives.
- Building ‘momentum’ and energy on HRH issues through civil society and the activist community (often through AIDS linkages) The Alliance has gained its own prominence which enables it to have greater influence and impact at global, regional and country levels.

Through:

Positioning human resources for health high on the health systems strengthening agenda as a critical component for progress.

The Health Workforce Advocacy Initiative (HWAI) and increased ‘engagement’ with the Alliance

The Alliance Secretariat is supported by the ‘Health Workforce Advocacy Initiative’ (HWAI). Chaired by Eric Friedman (PHR and Alliance Board member), HWAI’s purpose is to advocate for the policies and sustained investments necessary to develop and empower a health workforce capable of delivering on health goals, using evidence gathered by the Alliance and Alliance partners. Composed of various sectors of civil society and other partnerships from developing and developed countries, HWAI networks and brings other groups to share its concerns regarding the health workforce shortage and potential solutions. Working side by side, the Secretariat and HWAI look strategically at where Alliance advocacy can have most impact. Activities outlined in the strategy are therefore implemented through the Secretariat and the wider HWAI group in support. The relationship with HWAI is fundamental for the Alliance to further its advocacy and communications goals.

Complementing the collaboration with HWAI, the Alliance Secretariat will also endeavour to engage to a much greater degree with the wide variety of Alliance members. The Alliance will use greater information sharing and will explore platforms for encouraging this wider interaction. The Secretariat will make links with other health advocacy networks - for example the Health Systems Action Network (HSAN) and groups within the education sector -- to further strengthen outreach and communications activities.
This approach aims to encourage Alliance members and partners to ‘speak with one voice’ regarding the workforce crisis, solutions, progress and challenges. Activities include the development and dissemination of common ‘Alliance’ advocacy strategy, vision and targeted key messages and activities for various stakeholder groups.

Examples of activities:
- Development of a communications strategy
- Key message development and dissemination
- Initiation of a core communications advisory group

This approach aims to build not only the profile of the issue - with the goal of increased visibility and political / financial commitment for the Alliance, HRH issues and implementation of actions from Kampala Declaration and Agenda for Global Action; but also involves the building of the ‘community’ and ‘movement’ for the resolution of the health workforce crisis.

Examples of activities:
- Targeted advocacy and communications around key global / regional and country-level events
- Development of Alliance ‘Champions’ and ‘Special Advocates’ programme
- Development of country and regional-level advocacy and communications activities
- Enhanced communication exchange and flow between the Alliance Secretariat, members and partners

By collating, publicizing and promoting HRH progress, challenges and solutions, ‘Promoting and sharing’ will fuel momentum and increase interest in the health workforce crisis and HRH in general. This will help position the Alliance as the leading advocate and the focal point to convene and broker knowledge on the health workforce crisis.

Examples of activities:
- Development and dissemination of branded corporate publications and advocacy products including Task Force-related reports and case studies
- Overhaul and re-structure of the Alliance web site to become multilingual, ‘central hub’ and ‘one stop shop’ for GHWA knowledge brokering and information sharing
- Media and public relations

This approach focuses on influencing existing health and development initiatives and agendas to strengthen the position of HRH within country, regional and global health plans.

Examples of activities:
- Enhanced collaboration / activities with Global Health Initiatives (Global Fund, IHP, Disease-specific programmes)
- Enhanced collaboration with regional and country level bodies and partners

<table>
<thead>
<tr>
<th>UNITE</th>
<th>BUILD</th>
<th>PROMOTE &amp; SHARE</th>
<th>ENHANCE &amp; INFLUENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>This approach aims to encourage Alliance members and partners to ‘speak with one voice’ regarding the workforce crisis, solutions, progress and challenges. Activities include the development and dissemination of common ‘Alliance’ advocacy strategy, vision and targeted key messages and activities for various stakeholder groups.</td>
<td>By collating, publicizing and promoting HRH progress, challenges and solutions, ‘Promoting and sharing’ will fuel momentum and increase interest in the health workforce crisis and HRH in general. This will help position the Alliance as the leading advocate and the focal point to convene and broker knowledge on the health workforce crisis.</td>
<td>By collating, publicizing and promoting HRH progress, challenges and solutions, ‘Promoting and sharing’ will fuel momentum and increase interest in the health workforce crisis and HRH in general. This will help position the Alliance as the leading advocate and the focal point to convene and broker knowledge on the health workforce crisis.</td>
<td></td>
</tr>
</tbody>
</table>

Activities will be divided across four fundamental advocacy approaches: ‘UNITE’, ‘BUILD’, ‘ENHANCE & INFLUENCE’, ‘PROMOTE & SHARE’. A comprehensive activity breakdown can be found in the Alliance 2009-2011 Workplan.