global health
workforce
alliance

First Reference Group Meeting
„Translating the work of the Task Forces (TF) and Technical Working Groups (TWG) into national health programmes"

Report of the First Reference Group Meeting

Chateau de Penthes, Geneva, 16-17 December 2009

Contents

EXECUTIVE SUMMARY

The two-day meeting, held in Geneva on 16-17 December, was designed to achieve the specific objectives as outlined in the concept paper (page 5).

Participants were given an overview of the Alliance Key Priorities[1] by GHWA Executive Director and the heads of the various units of the secretariat, who outlined the activities carried out to date, their respective strategies for the future, and the challenges that lie ahead.

The ABC of the Alliance was stated as: Advocacy, Brokering knowledge and Convening partners.

To have a clear understanding of the specific role of the Alliance, it was agreed that, firstly there is a need to recognize and understand the multiple components, which contribute to health workforce shortages. Partnerships such as GHWA were broadly considered as highly relevant in this context – given the complexity of the problem and the large number of factors involved – since they offer the possibility of tackling the problems in a coordinated and focused manner. Dr Sheikh stressed the importance of building a network, and the potential of the Reference Group to add value in this regard. Value could also be added to the Alliance by identifying mechanisms to assist in making the products developed by the Alliance available at country level.

On the issue of the MDGs, it was agreed that while they must be considered, they should not be a factor, which limits the work of the Alliance. The importance of looking at HRH issues in a broader context is crucial, as focusing on the MDGs alone could lead to a concentration of efforts on a specific group of health workers rather than the entire sector. GHWA can provide a greater global voice aimed at protecting and ensuring HRH, especially in the 57 crisis countries.

Recognizing the importance of learning from the experience of other partnerships, a session was devoted to looking at the experience of other WHO alliances working in HR matters in terms of: Good Practice, Challenges and Areas for Collaboration. Two presentations highlighted the importance of being partner centric and focused on the needs at country level. GHWA was recognized as having a major advantage over many other partnerships in so far as it has a cross-cutting element, giving it a competitive advantage which could be used to build a unique brand – a task which could also be advanced by the Reference Group.

The two presentations were considered helpful in terms of looking at the issues of complementarity and convening. The session led to a discussion, which underscored the need for all members of the Reference Group to have a clear understanding of the function and rationale for actions, in order to achieve complementarity. It was also recognized that the exercise of examining other alliances was useful in helping to identify existing gaps and understand the unique strengths of GHWA, which could also guide future actions.

Following the group work carried out on the second day of the meeting, participants discussed what the primary role of the Reference Group should be. Each TOR was discussed at length and the outcome was a modified version of the previously circulated draft TORs. These have subsequently been further developed by the secretariat and approved by the Executive Director. They will be circulated pending endorsement by the Board (page 10).

The final session of the meeting involved the participants agreeing on concrete activities to be carried out within a specific timeframe. Agreement was reached on who should carry out specific responsibilities (page 11).

Overall, the meeting was evaluated as a positive first step towards creating a Reference Group, which could contribute to the Alliance moving forward with a clear focus that is recognized by health care workers globally.

I. BACKGROUND

A two-day meeting was held on 16–17 December 2009 in Geneva at the invitation of the Global Health Workforce Alliance (GHWA). The aim was to initiate the discussion on how the working results and policy recommendations of the GHWA Task Forces (TF) and Technical Working Groups (TWG) can be transferred or adapted to the needs of national health programmes in the HRH priority countries.

The meeting brought together about twenty representatives of partner organizations from Canada, Ethiopia, France, Germany, Kenya, Indonesia, Panama, South Africa, Switzerland, UK, and USA, representing Professional Associations, Ministries of Health, NGOs, Universities, UN Organizations and representatives of the Alliance Secretariat.

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[1] *Please find all presentations in detail in Annex 4*

Meeting objectives

The core objective of the meeting was to initiate the process of translating the work and policy recommendations of the Task Forces (TF) and Technical Working Groups (TWG) into national health programmes in the HRH priority countries.

The specific objectives were:

- to outline the work and results achieved by the Alliance in the first three years of its existence;
- to learn from other WHO Alliances/ partnerships and benefit from their experience in translating HR global policy challenges into national programmes;
- to propose ways for moving forward at national level to implement new knowledge and tools generated by the TFs and TWGs in a way which is consistent with the Knowledge and Communications Strategies of the Alliance;
- to formulate an action plan for the Reference Group for the next biennium, including clear indicators for measuring the progress and achievements of proposed activities.

Participants were asked to share their expectations of the meeting on the first morning. Among the main expectations were:

- lessons learned regarding HRH strategies
- better understanding of links between Task Forces and Technical Working Groups
- road map for collaboration with other partners
- translate knowledge products into practical tools for use at country level
- clear definition of ToRs for Reference Group
- action plan for further work
- M&E framework.

In relation to the role/work of the Reference Group, participants expected the meeting to help:

- identify new challenges
- suggest processes and methodology
- find ways to work in a more cost-effective manner
- identify how to work in response to the need of the countries.

Day 1 of the meeting focused on scanning the landscape – in particular to outline the work and results achieved by the Alliance in the first three years of its existence and to learn from the experiences of other Alliances about how to translate global policy challenges into national programmes.
Day 2 was dedicated to creating ownership of the members of the Reference Group related to the proposed ToRs and deliverables expected from the group.

II. CURRENT SITUATION

Participants were given an overview of the Alliance Key Priorities by GHWA Executive Director, Dr Mubashar Sheikh, Knowledge Officer, Dr Erica Wheeler, Advocacy and Communications Officer, Ms Tunga Namjilsuren, and an introduction of Country Coordination and Facilitation by Ms Laurence Codjia, Technical Officer. A wide-ranging discussion followed, which touched on all four topics covered by the presentations.

Moving Forward from Kampala - Strategic Priorities and Directions of the Global Health Workforce Alliance: 2009 to 2011

Dr Mubashar Sheikh gave a brief overview of the history of the Alliance. The key points of his presentation included the following:

- Skilled, motivated health workers are an essential component in health care.
- The global health workforce crisis affects 1 billion people who do not have access to health workers.
- Africa has the highest burden of disease but globally, there are 57 countries with critical shortage.
- According to data on health workforce in Africa, there are only 1.08 doctors/ nurses per 1000 population - 1 in 4 doctors and 1 in 20 nurses are working in developed countries.
- The global challenge is to train and manage the largest expansion of health workers in history.
- A discussion of all of the above led to the establishment of a Global Alliance for joint action in 2006.
- The strategic orientation of the Alliance is addressing global policy challenges and facilitating country action.
- Key milestones which contributed to increased attention to the HRH issues were: First Global Forum on Human Resources for Health in Kampala, Uganda, in March 2008; high-level commitments by G8 Summits in 2008 and 2009.
- Good opportunities are identifies, such as the 2nd global forum on HRH in Bangkok 2011.
- The ABC of the Alliance is Advocacy, Brokering knowledge and Convening partners.

Dr Sheikh's presentation led to a discussion on the definition of health workforce shortages. Everyone agreed that there is a need to be more specific when talking about health workforce shortages – the problem is complex and various aspects need to be considered, including:

- high unemployment in the health sector;
- inequalities in terms of availability and distribution of the health workforce at the various levels of the health system and in terms of geographical distribution;

- differences in terms of quantity and quality of the various health professions;
- the education of health care workers (including community health workers) needs to be coordinated with the health services in terms of a career path;
- poor image of the health workforce – the health professions have lost prestige, that may translate to lower interest to become a health care worker;
- issues of attrition and migration –internal and external;
- the issue of what kind of health workforce and what kind of solutions are needed for the future – do we need to consider other issues like those we are discussing in order to develop solutions for the future?

Given this complexity we need to address the problems in a coordinated way –the partnerships hosted by WHO have a convening and advocating role in this area.

Contributions to the discussion from Dr Sheikh dealt with the role of the Alliance in building a network and the expectation of the reference group to identify mechanisms which assist in making the products developed by the Alliance available at country level:

- It is important to understand that the Alliance brings people/elements together: network. The Alliance is not a "doer or implementer"; it is not a new structure but is rather an entity which tries to coordinate existing mechanisms and the diversity of plans and resources – the Alliance adds value to existing processes.

- The Alliance can provide better mechanisms to make products available for partners and members at the country level. This is in a very initial phase which is being promoted within the Advocacy and Communications Strategy of the Global Health Workforce Alliance.
- According to the initial ToRs shared in the concept paper, the Reference Group must look at what is available and identify the gaps; help the Alliance to identify critical issues such as, for example, the image problems of health workers. Dr Sheikh reminded the Reference Group that it should not limit itself to discussing only the tools and products of the TFs/TGWs, but should also talk about the new HRH challenges.

Knowledge Strategy of the Global Health Workforce Alliance: 2009-2011

Dr Erica Wheeler's presentation aimed to describe the objectives and principles of the knowledge strategy of the Global Health Workforce Alliance; to present and explain the knowledge strategy, and to provide examples of the knowledge strategy in action.

In summary Dr Wheeler mentioned the following aspects:

- the objectives and principles of the knowledge strategy are linked to the overall strategy of the Alliance;
- priorities have been set out and agreed by the Alliance Board;

Photo: Nicole Fritsch

Dr. Mubashar Sheikh gave an overview on the history of the Alliance.

- implementation of the Knowledge Strategy is underway and evolving.

The discussion following the presentation dealt with three main issues: 1) how to develop a systematic knowledge-brokering strategy; 2) how to link internally between strategies and externally with other alliances; and 3) how to provide quality knowledge, according to specific needs, to the various health cadres including Information and Communication Technologies (ICT):

- A knowledge strategy needs to consider three systematic steps in order to better organize the knowledge-brokering activities: (1) when there is robust evidence of a good practice or lesson learnt, this evidence needs to be disseminated; (2) when there is scattered evidence, the evidence needs to be synthesized – to be consistent before it is disseminated; and (3) when there is missing evidence, research needs to be commissioned.
- The Alliance needs to link with other strategies and other alliances, e.g. the virtual health library or other initiatives. It is important to actively reach out instead of waiting for people to see the products and results. Where they exist, good practices, such as continuous education strategies or health strategies for countries, need to be disseminated.
- Knowledge provision needs to be targeted to the various health care cadres: whatever knowledge is created must meets the specific needs. Quality and quantity of training must be addressed in order to fill the gap, and improvement of the availability of health services is also required. It was mentioned that, in terms of training, ICT needs to be considered so that health workers are able to use and analyse data for making rational decisions.

In her answers to the discussion points, the presenter elaborated on the development and profile of the planned knowledge centres, but added that, so far, these are at the early stages, and more efforts need to be made to identify how best to collaborate with partners in this project.

Advocacy and Communications Strategy of the Global Health Workforce Alliance: 2009-2011

Ms Tunga Namjilsuren introduced the four-pronged approach of the communications strategy:

(1) unite
(2) build
(3) enhance and influence
(4) promote and share.

She further described the 2010 – 2011 priorities within the communications strategy as follows:

- leading communications and advocacy coordination for the 2nd Global Forum on HRH;
- sustaining high-level, coordinated advocacy with members: G8, UN, WHA; focus on the Code of Practice, liaison with WHO, via a Community of Practice;
- bringing the message to the public: focus on the health workers;
- support to civil society capacity at the country level;
- sustained communication, advocacy practices: media, websites, documentaries, publications, including an improved dissemination strategy.

Human Resources for Health: Good Practices for Country Coordination and Facilitation (CCF)

Ms Laurence Codjia introduced the context of the development of the CCF, the content of the CCF document, and gave an overview of the CCF in relation to coordination between the Alliance TFs/TWGs.

There are many players involved in solving the crisis, but there is a gap in terms of the collaboration required between them. Fragmented efforts and, often, inadequate consultation and communication among stakeholders make it difficult to find solutions to specific HRH issues. There is a need to improve cooperation between the stakeholders at country level. Within national HRH committees, technical or leadership capacity of stakeholders is limited.

There is the need to build and strengthen HRH coordination mechanisms by the Ministries of Health. Some of the key issues in this field include:

- establishing HRH committees or HRH task forces under the national committee of health
- defining clear mandates of the committees
- defining the link between the HRH committee and the other health committees
- convening all relevant stakeholders of the HRH committee
- adopting one comprehensive HRH plan and a unified monitoring and evaluation framework
- engaging all relevant stakeholders to contribute in the implementation of the HRH plan.

A CCF document has been developed over seven phases and was revised and adapted based on input gathered at meetings held with key stakeholders. The document has three sections: the first section addresses areas for country action; the second describes rationale for coordination mechanisms and proposes a set of good practices; and the third explores roles and responsibilities of the different actors.

This presentation addressed the issue of migration of health workforce, which was discussed in relation to the following aspects:

- problems concerning employment and incentive mechanisms;
- geographical distribution and poor availability of health staff;
- the need to address not only health ministries, but all relevant stakeholders to tackle the problem;
- the importance of using a legislative approach and institutionalizing policies that are independent of election periods;
- seeking agreements with health employers;
- the need for specific strategies to deal with the different health professions;
- the issue of internal migration (government, private sector, faith based organizations);
- the poor functioning of existing structures at country level;
- the lack of coordination, particularly in low-income African countries;
- the difficulties in finding innovative ways to improve coordination at local level between relevant stakeholders;
- the unique opportunities which enable the Alliance to take the issue of health workforce migration to the policy levels.

Task Forces and Technical Working Groups: Future Directions; TORs of the Reference Group

The presentations on Alliance Key Priorities were followed by an introduction to the Future of the Task Forces and Technical Working Groups and the presentation of the proposed ToRs and deliverables of the Reference Group by Prof Hilary Homans.

An intensive discussion followed: the relation of the MDGs to the work of the Task Forces and TWGs was raised. It was felt that focusing on the MDGs would concentrate efforts only on a specific group of health workers rather than the entire sector.

Photo: Nicole Fritsch

The part of the proposed TORs dealing with coordination and implementation issues was felt to overstretch the possibilities of a Reference Group (in terms of time needed and responsibilities). These tasks were felt to correspond more to the secretariat than to the Reference Group.

It was also felt that what the Reference Group wants to do in terms of relating GHWA products to the country needs, was not stated explicitly enough. It was proposed that one statement at the start of the ToRs outlining the vision of the References Group would be facilitate greater direction on what to do and focus the discussions more.

The political value of GHWA was stressed in various comments. The advantage that GHWA has is that is not funded by governments and thus has an opportunity to influence the World Health Assembly (WHA); that there is a need to have a much greater global voice protecting and ensuring HRH.
It was also highlighted on a number of occasions, the importance of looking at HRH issues in a broader context and not only in relation to the MDGs.

Progress, results and challenges of Task Forces and Working Groups

Dr Erica Wheeler gave a brief overview of the purpose of the previous and current Task Forces and Technical Working Groups set up by GHWA since 2007. She provided examples of progress and results to date and indicated the challenges currently faced in each group.
Some key messages and common issues emerged from the discussions around this presentation:

- lack of coordination between TFs/TWGs;
- lack of holistic and systematic approach;
- poor HRH situational analysis;
- concern about quality issues and how they can be monitored – particularly the need to consider quality issues in the promotion of tools of other organizations;
- how to use the products from different partners;
- pragmatic approach with concrete actions is key to using new tools/products developed.

Experience of other WHO Alliances in HR Matters in terms of: Good Practice, Challenges and Areas for Collaboration

1) Partnership for Maternal, Newborn and Child Health (PMNCH) by Bridget Lynch, Board member PMNCH and President, International Confederation of Midwives; and

Participants discussed the proposed ToRs and deliverables of the Reference Group.

2) the Health Metrics Network (HMN) by Christoph Bunge, Senior Public Health Officer.

Both presentations highlighted the importance of being partner centric and looking at the needs of the countries. It was emphasized, in regard to the different networks, that GHWA has one major advantage: It has a cross-cutting element. How can this competitive advantage be used to build a brand? This would be a task to be accomplished by the Reference Group.

It was underlined that the two presentations were helpful in terms of looking at how to complement and come together. Participants were reminded to look at the context of this meeting during the discussion. In the case of GHWA, the Task Forces are product driven and time limited. It is important to look at what the products are; which are available with the other two alliances; and what the products available to us are.

Both presentations highlighted as their core message: the importance of identifying areas for closer collaboration; and the importance of maintaining strong lines of bi-/multi-directional communication as applicable.

The importance of this discussion was underlined because there is a need for all members of the Reference Group to know what to do and why in order for there to be a level of complementarity, and – looking at the alliances - to identify gaps and unique strengths. The Alliance will move forward with a clear focus that is recognized by health care workers globally.

Dr Erica Wheeler (right)

Photo: Nicole Fritsch

III. MOVING FORWARD

In order to develop a common understanding of the ToRs of the RG, participants broke into two sub-groups. Bearing in mind the core objective of the meeting, which was to initiate the process of translating the work and policy recommendations of the Task Forces (TF) and Technical Working Groups (TWG) into national health programmes in the HRH priority countries, participants discussed and presented the following issues:

1. Are the ToRs consistent with the deliverables? / (Logic)
2. Are the deliverables relevant to the ToRs? / (Relevance)

Initial TORs in the concept paper:

1. Coordinate the work of existing TFs/TWGs in knowledge brokering and ensure that implementation of findings at country level is consistent with the agreed Country Coordination and Facilitation (CCF).
2. Assist the work of the Secretariat in the deployment of its Knowledge Strategy 2009-2011. Particular emphasis is placed on the translation, dissemination and implementation of Task Force outputs at country level via a dissemination strategy, and the linking of knowledge generation and use of tools and methodologies at country and sub-regional level. Work should focus on countries and /or sub-regions selected by the Secretariat in consultation with the Board in the context of the Country Coordination and Facilitation (CCF).
3. Act as "think tank" to advise the Executive Director and through the EXD the Board on key knowledge gaps in HRH related to and prepare Terms of Reference to address these gaps.8 In exceptional circumstances the Reference Group may recommend to the Board the establishment of a new Task Force to address an issue of global HRH importance (after cost-benefit analysis has eliminated other work methods).
4. Recommend where appropriate, the establishment of Technical Working Group(s) under sub-regional arrangements (such as ECSA and WAHO), to address specific topics by technical specialists.
5. Agree the most cost-efficient mode of work and make proposals to contract out work when necessary. The mode of work should ensure a good fit between the issue(s) to be addressed and the Kampala Declaration, Way Forward document, Knowledge Brokering Strategy and the Country Collaboration Framework. It should also be cognizant of what other alliances are producing and the work methods that have been demonstrated to work well for these partnerships.
6. Commission dissemination and marketing strategy of knowledge brokering outputs.
7. Make exit plans, for handover to national and sub-regional authorities.

Deliverables:

1. Priority knowledge brokering tasks in relation to health related MDGs and other health priorities identified and annual work plans developed.
2. Strategic analysis of GHWA's existing publications, guidelines, tools and selection of those relevant to contexts of countries chosen under CCF. Make proposals for their appropriate translation and dissemination.
3. Gap analysis of domestic capacity, partners identified in countries concerned, and priority requirements established in consultation with partners.
4. Dissemination and marketing strategy commissioned.
5. Monitoring and evaluation framework on knowledge brokering tasks in relation to health related MDGs and other health priorities identified established to measure progress and feedback lessons learned.

IV. NEW TORS OF THE REFERENCE GROUP PROPOSED BY PARTICIPANTS AND GHWA SECRETARIAT

Preamble:

The work of the Reference Group will facilitate a coherent direction for future actions based on the following strategic and operational documents:

• The Kampala Declaration and Agenda for Global Action
• Moving Forward from Kampala
• Knowledge Strategy of the Global Health Workforce Alliance
• Advocacy and Communications Strategy of the Global Health Workforce Alliance

• Health Action Framework (HAF)
• Good Practices for „Country Collaboration and Facilitation" (CCF).

The Reference Group will act as a „think tank" which advises and recommends innovative approaches on knowledge brokering to the Executive Director and the GHWA-Board aimed at achieving a coordinated, cost-effective, efficient and sustainable use of HRH-related products/tools and methodologies at country level. It will look at the results of other alliances and the work methods that have been demonstrated to work well for these partnerships.

In particular the Reference Group will:

1. harmonize the work and results of GHWA Task Forces and Technical Working Groups to support its knowledge brokering strategy;

2. guide implementation of results of GHWA Task Forces and Technical Working Groups at country level in a way which is consistent with the agreed Country Coordination and Facilitation (CCF) mechanism;

3. add value to the deployment of the 2009-2011 Knowledge Strategy through networking and technical support;

4. identify HRH knowledge gaps and recommend to the Board the establishment of a new Task Force, Technical Working Group, or other working modes, as required;

5. contribute to the development of a dissemination strategy for the results of GHWA Task Forces and Technical Working Groups at country level;

6. assist in the development and monitoring of the implementation of a sustainability model of the products of GHWA Task Forces and Technical Working Groups.

Photos: Nicole Fritsch

In order to develop a common understanding of the ToRs of the RG, participants worked in two sub-groups.

Operating Deliverable:

1. Annual work plans, including an M&E framework, which identify priorities for knowledge brokering tasks in relation to results of GHWA Task Forces and Technical Working Groups.

End Deliverable:

1. A concept paper which:
a) synthesizes the key areas for focus, as recommended in the following documents:
- The Kampala Declaration and Agenda for Global Action
- Moving Forward from Kampala
- Knowledge Strategy of the Global Health Workforce Alliance
- Advocacy and Communications Strategy of the Global Health Workforce Alliance
- Health Action Framework (HAF)
- Good Practices for „Country Collaboration and Facilitation" (CCF) Strategy;

b) makes recommendations on how and where to use GHWA products/tools and methodologies as relevant to contexts of countries chosen under CCF, based on:
- domestic capacity
- partners identified
- priority requirements established in consultation with the partners
- appropriate dissemination and marketing strategies.

V. COMMITMENTS

Activities to be carried out by the Reference Group
In plenary, participants worked out concrete activities to do within a certain timeframe and agreed on the corresponding responsibilities.

WHAT TO DO	WHEN TO DO IT	WHO WILL BE RESPONSIBLE
1.Finalize TORs and define deliverables	Must be ready for the Board – 15 Jan	Sonia
2.Teleconference of Reference Group (Elluminate) (1.Exercise)	2nd half Feb 2010	Thomas (Charles, John, Erica, Neil)
3.Subgroup to take forward the dissemination of the products (Capacity Building Strategy)		Arletty, Jorge, Budi Anna (+ Secretariat)
4. Harmonize TF and Technical Working Groups		Hilary, Yoswa, Charles (+ Secretariat)
5. Identify knowledge gaps	February 2010	Mireille, Solomon, Shenglan, Mario, Erica
6. M&E Framework (Knowledge Strategy)	Clarification needed by Secretariat	Neil, Najeeb, Christoph, Sonia, John
7. Develop a sustainability model	For the time being, integrate topic into other activities	Najeeb, Arletty, Hilary, Laurence

Mode of work of the RG
- Independent from the secretariat
- Communication available for all members of the Reference Group
- Avoid fragmentation
- Pilot period (six months)
- Virtual meetings every two months

VI. MEETING EVALUATION AND CLOSURE

Participants were asked to comment on the overall organization and content of the meeting.

Overall, the meeting was evaluated positively and participants were satisfied.

Positive aspects

- Good documentation was provided prior to the meeting
- Preparation went smoothly
- Prior communication was excellent
- Meeting logistics excellent
- Excellent meeting
- Good first meeting
- Although it was a difficult meeting to facilitate; so irregular in outcomes, but very good facilitation
- Meeting was ambitious but productive
- Presenters experts in their area
- Roles to become more clearer once sub-groups are already formed
- Each member given opportunity to contribute to the discussions.

Some aspects in need of improvement were pointed out, which should be improved on in similar future events.

Challenges

- Information on accommodation (confirmation) came a little bit late
- Information on accommodation requested Reference Group members to confirm directly with the hotel while GHWA had already done group reservation
- The moderator did not manage the time properly
- Some presentations took a long time
- Some important discussion was cut short
- Too much information to process.

GHWA Executive Director, Dr Mubashar Sheikh, thanked all the participants for their commitment and for sharing their expertise and knowledge. He encouraged the Reference Group members to continue working in close collaboration with each other and emphasized the importance of regular communication between them.

ANNEXES
Annex 1: Concept Brief

1. Background and Rationale

The First Coordination Meeting of Task Forces and Working Groups was held in Geneva on 3 October 2008. The event was organized to share and learn about how the work was progressing; the outputs of the Global Health Workforce Alliance (the „Alliance") GHWA Task Forces and Working Groups; and to discuss and agree on follow-up and next steps.

A background paper was prepared to guide the discussions, including key questions regarding the results of the Alliance Task Forces at country level, as well as the role of the Task Forces after they have fulfilled their mandate. The meeting intended to capture:

- The stage of the work at the time of the meeting, the relevance of the products to the Kampala Declaration and Agenda for Global Action, as well as the challenges, successes and the lessons learnt in their work.
- The critical points related to the place of the Task Forces in the work of the Alliance and in the overall Agenda for Global Action, the ownership of the products, the responsibilities related to their use and "life after the Task Forces".

The meeting revealed that:

- there was a need for increased collaboration and communication between the Task Forces and the Alliance Secretariat;
- the work of the Task Forces had generated knowledge in an isolated way, and that there would be an important role for the Alliance to manage, disseminate and make use of this knowledge in an effective way; and
- more discussions were needed in order to clarify how the work of the Task Forces is responding to, or will have an impact on country action.

The meeting ended with a number of recommendations in relation to coordination and collaboration, creating linkages to capitalize on new financing opportunities, clear policy guidelines from the Board, and the need for a Reference Group to provide oversight and monitor progress in the implementation of the work of the Task Forces.

The report of that meeting was presented to the Alliance Board in May 2009. It was accepted that there was a need to clarify how the work of the Task Forces should be taken forward once completed. The secretariat was commissioned to identify ways of translating reports and recommendations of the Task Force on Scaling up Education and Training into action, including advocacy, communication and the development of country frameworks. It was agreed that there should be a consultation and review of the ongoing completed work and by the various Task Forces and Working Groups.

The establishment of this Reference Group is taking forward the Board's request.

2. Objectives of the meeting

The core objective of the meeting is:
Σ To initiate the process of translating the work and policy recommendations of the Task Forces (TF) and Technical Working Groups (TWG) into knowledge products for HRH plans in the priority countries.

The specific objectives are:

- to outline the work and results achieved by the Alliance in the first three years of its existence;
- to learn from other WHO Alliances/ partnerships and benefit from their experience in translating HR global policy challenges into national programmes;
- to propose ways for moving forward at national level to implement new knowledge and tools generated by the TFs and TWGs in a way which is consistent with the Knowledge and Communications Strategies of the Alliance;
- to formulate an action plan for the Reference Group for the next biennium, including clear indicators for measuring the progress and achievements of proposed activities.

3. Expected outputs of the meeting

1. Knowledge and Communications Strategies of the Alliance discussed and understood by the Reference Group Members;
2. Lessons learnt from other WHO Alliances in relation to translating policy recommendations into action at country level recognized;
3. TORs of the Reference Group members reviewed, understood and approved;
4. Draft action plan of work for the Reference Group for the next two years completed;
5. Key indicators for monitoring the process identified.

Organizing team contacts

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Annex 2: Agenda

	DAY 1		
	SESSION	**PRESENTER**	**KEY DOCUMENTS**
9:00-10:00	Welcome and Introduction		
	Official Opening	Dr Mubashar Sheikh Executive Director GHWA	
	Objectives, Agenda, Logistics	Dr Sonia Diaz Monsalve Technical Officer	1. Concept Brief 2. Agenda 3. Information Bulletin
	Introduction of Participants	Chair and All	4. List of Participants
10:00-10:15	**BREAK**		
10:15-11:30	**Alliance Key Priorities** 40 Minutes Presentations (10 Minutes per Presenter), 35 Minutes Discussion		
	1. Moving Forward	Dr Mubashar Sheikh Executive Director GHWA	5. Moving Forward From Kampala - Strategic Priorities and Directions of the Global Health Workforce Alliance: 2009 to 2011
	2. Knowledge Strategy	Dr Erica Wheeler Knowledge Officer	6. Knowledge Strategy of the Global Health Workforce Alliance: 2009-2011
	3. Communications Strategy	Ms Tunga Namjilsuren Communications Officer	7. Advocacy and Communications Strategy of the Global Health Workforce Alliance: 2009-2011
	4. Country Coordination and Facilitation (CCF)	Laurence Codjia Technical Officer	8. Human Resources for Health: Good Practices for „Country Coordination and Facilitation" (CCF)
	Discussion: Plenary Discussion Led by Chair		
11:30-12:30	**Defining the Role of the Reference Group** 20 Minutes Presentation, 40 Minutes Discussion		
	The Future of the Task Forces and Technical Working Groups ToRs of the Reference Group	Prof Hilary Homans	9. Task Forces and Technical Working Groups: Future Directions, TORs of Reference Group
12:30-2:00	**LUNCH**		
2:00-3:30	**Progress since the First Coordination Meeting** 30 Minutes Presentation, 60 Minutes Discussion		
	Progress, results and challenges	Dr Erica Wheeler Knowledge Officer	10. First Coordination Meeting of the GHWA Task Forces and Working Groups
	Matrix of products within the HAF (HRF Action Framework)		11. Consolidating GHWA Products at the Country Level and Matrix
	Discussion: Plenary discussion led by chair		
3:30-4:00	**BREAK**		

DAY 1		
SESSION	**PRESENTER**	**KEY DOCUMENTS**

	DAY 1		
4:00-5:20	Experience of other WHO Alliances in HR Matters in terms of: Good Practice, Challenges and Areas for Collaboration 40 Minutes Presentation (20 Minutes per Presenter), 40 Minutes Discussion(20 Minutes per Topic)		
	Health Metrics Network	Dr Christophe Bunge Senior Public Health Officer	
	Discussion: Plenary discussion led by chair		
	Partnership for Maternal, Newborn and Child Health	Bridget Lynch Board member, PMNCH and President, International Confederation of Midwives	
	Discussion: Plenary Discussion Led by Chair		
6:00-8:00	**COCKTAIL - EVERYONE INVITED**		

	DAY 2		
	SESSION	**PRESENTER**	**KEY DOCUMENTS**
9:00 -9:15	Recap of previous day	Chair	
9:15-10:15	Developing a common understanding of how to use products of Task Forces (TF) and Technical Working Groups (TWG) 120 Minutes Group Work (3 groups) Introduced by Chair		
	Identification of activities that can be implemented at regional/country level	Chair and All	
	Introduction to group work		12. Guidelines for group work
10:15-10:30	**BREAK**		
10:30-11:30	**Developing a common understanding of how to use products of Task Forces (TF) and Technical Working Groups (TWG)...**continued		
11:30-12:30	Working together: Activities to be Carried Out by the Reference Group 60 Minutes Group Work Led by chair		
	Definition of ground rules for the reference group (interaction of Reference Group members)	Chair and All	13. Guidelines for Group Work
	Group work & discussion		
12:30-2:00	LUNCH		

	DAY 2		
	SESSION	PRESENTER	KEY DOCUMENTS
2:00-3:15	**M&E Framework Introduction**		
3:15-3:30	15 Minutes Introduction, 60 Minutes Group Work		
	Development of indicators to monitor activities and results of translating TF/TWGs recommendations into country actions	Dr Sonia Diaz Monsalve Knowledge Technical Officer	14. Monitoring and Evaluation in Knowledge Brokering
	Group work & discussion		15. Guidelines for Group Work
	BREAK		
3:30-4:30	Reference Group Commitments		
	Discussion: 60 Minutes Plenary Discussion Led by Chair		
	Follow-up activities and timeframe („Who will be responsible for what and when?")	Chair	
	Next meeting 2010: date and venue	Chair	
4:30-5:00	Wrap up	Chair	
	Evaluation of meeting	Dr Sonia Diaz Monsalve Knowledge Technical Officer	16. Evaluation Sheet
	CLOSE		

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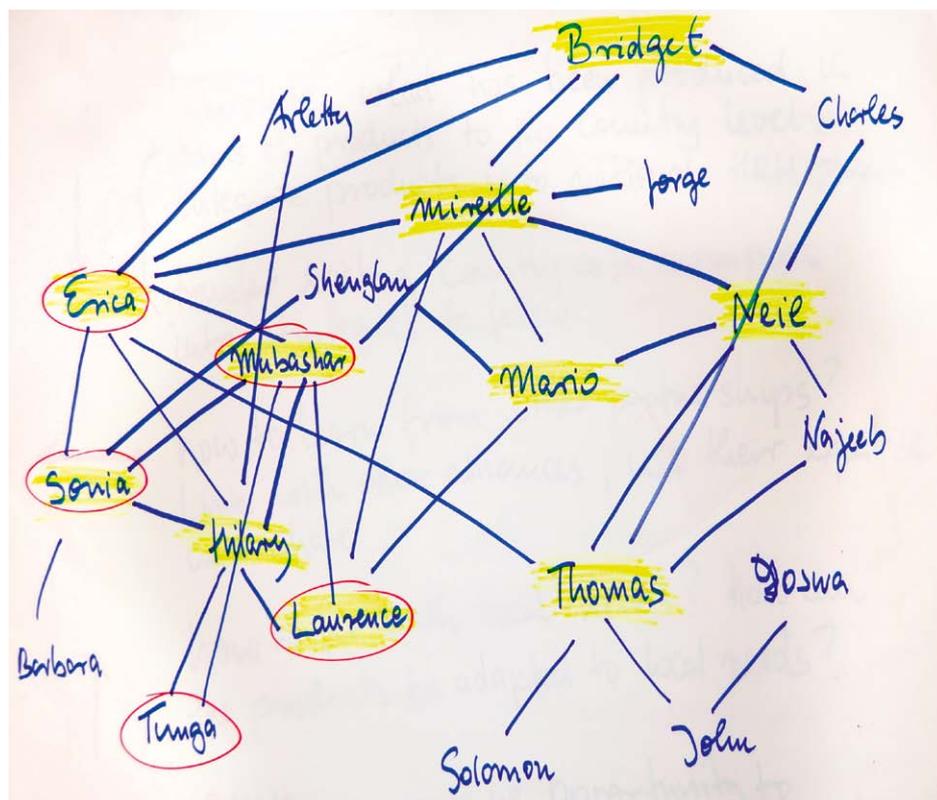
Internal group network

Annex 4: List of Presentations

4.1 Presentations on Alliance Key Priorities

1. Moving Forward / Dr Mubashar Sheikh, Executive Director GHWA
2. Knowledge Strategy / Dr Erica Wheeler, Knowledge Technical Officer
3. Communications Strategy / Ms Tunga Namjilsuren, Communications Officer
4. Country Coordination and Facilitation (CCF) / Laurence Codjia, Technical Officer

4.2 Defining the Role of the Reference Group

The Future of the Task Forces and Technical Working Groups
ToRs of the Reference Group Prof / Hilary Homans

4.3 Progress since the First Coordination Meeting

Progress, results and challenges / Dr Erica Wheeler
Matrix of products within the HAF (HRF Action Framework) / Dr Erica Wheeler

4.4 Experience of other WHO Alliances in HR Matters in terms of: Good Practice, Challenges and Areas for Collaboration

1. Partnership for Maternal, Newborn and Child Health Bridget Lynch, Board member, PMNCH and President, International Confederation of Midwives
2. Health Metrics Network Dr Christophe Bunge, Senior Public Health Officer

Annex 5: Guidelines on ToR and Deliverables of the Reference Group (group work)

The group work task as well as the composition of the working groups were presented by Barbara and discussed in plenary.

Group work task

1. Please, select a chairperson among yourself, a timekeeper and a rapporteur
2. Members of the Alliance will facilitate the discussion (Erica, Sonia)
3. You have 45 min for discussion, 15 min for preparing the presentation. Please prepare your presentation in a way that you take no more than 15 mins for sharing the results of your group work.

The core objective of the meeting is

To initiate the process of translating the work and policy recommendations of the Task Forces (TF) and Technical Working Groups (TWG) into national health programmes in the HRH priority countries.

Specific objectives 3 and 4

3) To propose ways for moving forward at national level to implement new knowledge and tools generated by the TF and TWG being consistent with the knowledge and communication strategy of the Alliance.
4) To formulate an action plan for the Reference Group for the next biennium including clear indicators for measuring the progress and achievements of proposed activities.

Group work

1. Discuss if the ToRs are consistent with the deliverables? / Logic
2. Are the deliverables relevant to the ToRs? / Relevance
3. If necessary propose rephrasing, but not changing the content of the ToRs!

Proposed ToRs

8. Coordinate the work of existing TFs/TWGs in knowledge brokering and ensure that implementation of findings at country level is consistent with the agreed Country Coordination and Facilitation (CCF).
9. Assist the work of the Secretariat in the deployment of its Knowledge Strategy 2009-2011. Particular emphasis is placed on the translation, dissemination and implementation of Task Force outputs at country level via a dissemination strategy, and the linking of knowledge generation and use of tools and methodologies at country and sub-regional level. Work should focus on countries and /or sub-regions selected by the Secretariat in consultation with the Board in the context of the Country Coordination and Facilitation (CCF).
10. Act as "think tank" to advise the Executive Director and through the EXD the Board on key knowledge gaps in HRH related to and prepare Terms of Reference to address these gaps.8 In exceptional circumstances the Reference Group may recommend to the Board the establishment of a new Task Force to address an issue of global HRH importance (after cost-benefit analysis has eliminated other work methods).
11. Recommend where appropriate, the establishment of Technical Working Group(s) under sub-regional arrangements (such as ECSA and WAHO), to address specific topics by technical specialists.
12. Agree the most cost-efficient mode of work and make proposals to contract out work when necessary. The mode of work should ensure a good fit between the issue(s) to be addressed and the Kampala Declaration, Way Forward document, Knowledge Brokering Strategy and the Country Collaboration Framework. It should also be cognizant of what other alliances are producing and the work methods that have been demonstrated to work well for these partnerships.
13. Commission dissemination and marketing strategy of knowledge brokering outputs.
14. Make exit plans, for handover to national and sub-regional authorities.

Deliverables

6. Priority knowledge-brokering tasks in relation to health related MDGs and other health priorities identified and annual work plans developed.
7. Strategic analysis of GHWA's existing publications, guidelines, tools and selection of those relevant to contexts of countries chosen under CCF. Make proposals for their appropriate translation and dissemination.
8. Gap analysis of domestic capacity, partners identified in countries concerned, and priority requirements established in consultation with partners.
9. Dissemination and marketing strategy commissioned.
10. Monitoring and evaluation framework on knowledge brokering tasks in relation to health related MDGs and other health priorities identified established to measure progress and feedback lessons learned.

Launched in 2006, the Global Health Workforce Alliance is a partnership dedicated to identifying and coordinating solutions to the health workforce crisis. It brings together a variety of actors, including national governments, civil society, finance institutions, workers, international agencies, academic institutions and professional associations. The Alliance is hosted and administered by the World Health Organization.

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Health Workers for all and all for health workers