

CONSOLIDATED
MEETING
REPORT

PARTNERING FOR PROGRESS

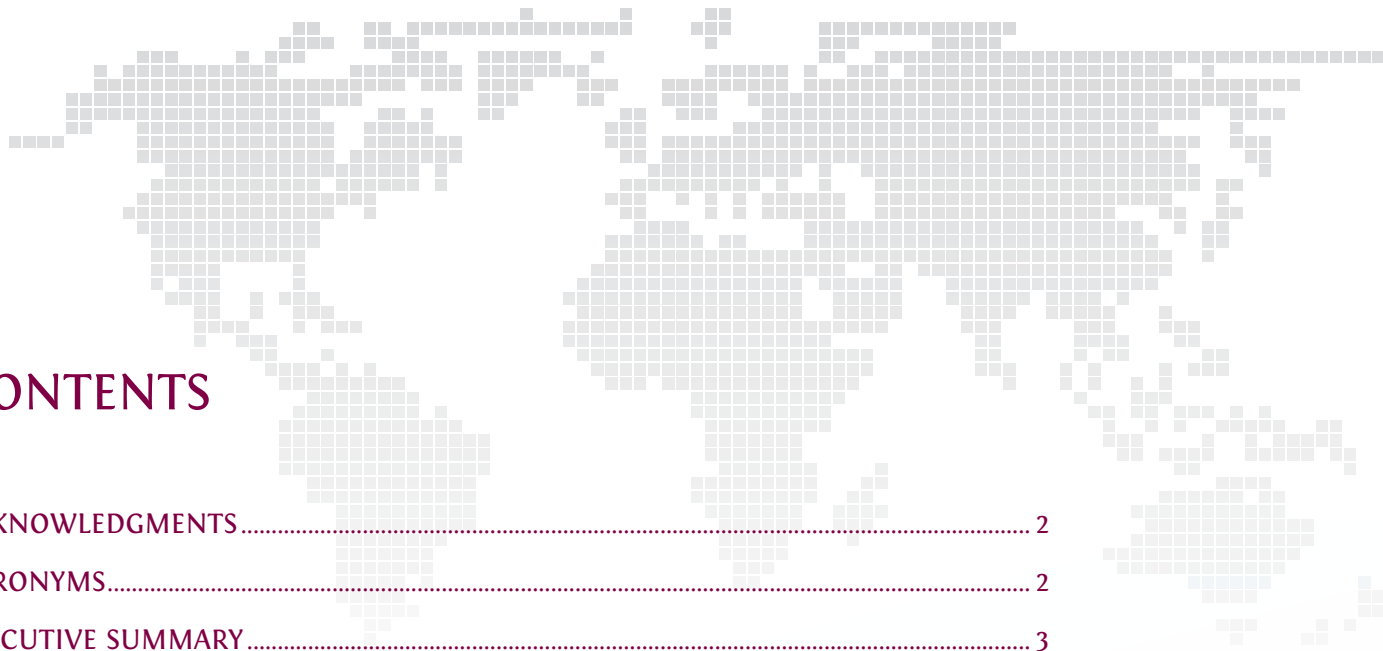
COUNTRY COORDINATION BOOSTS HUMAN
RESOURCES FOR HEALTH



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ACRONYMS

| | | |
|---------------|---------------------------------------------------------------------------------------------|---|
| AAAH | Asia-Pacific Action Alliance on Human Resources for Health | |
| AFDB | African Development Bank | |
| CCF | Country Coordination and Facilitation | |
| CCM | Country Coordination Mechanism for the Global Fund to Fight AIDS, Tuberculosis, and Malaria | |
| DFID | Department for International Development (United Kingdom) | |
| ECoWAS | Economic Community of West African States | |
| EMRO | Eastern Mediterranean Regional Office | ■ |
| HAF | HRH Action Framework | |
| HHA | Harmonization for Health in Africa | ■ |
| HRH | Human Resources for Health | |
| IHP+ | International Health Partnership and related initiatives | |
| JANS | Joint Assessment of National Strategy | ■ |
| MoH | Ministry of Health | ■ |
| NGO | Non-governmental organization | |
| NORAD | Norwegian Agency for Development Cooperation | ■ |
| PAHO | Pan American Health Organization | ■ |
| RRT | Resource Requirement Tool | |
| TWG | Technical Working Group | |
| WHO | World Health Organization | |

EXECUTIVE SUMMARY

A dramatic shortage in the health workforce has long been identified as one of the most critical constraints faced by health institutions around the world to the achievement of international health and development goals. While the issue remained neglected for decades, shortages have worsened, reaching an estimated gap of 4.2 million people that plagues health systems today.

The human resources for health (HRH) crisis simply cannot be resolved without the coherent involvement of all stakeholders in the production and management decisions affecting the health workforce. Unfortunately, in most HRH crisis countries,¹ the HRH committee, which is the national coordination structure, is not functioning well. According to the country stakeholders, the established coordination process is very often limited to the HRH planning stage and stakeholders are not involved in the implementation phase. Some stakeholders, such as the private sector, non-governmental organizations (NGOs) and professional associations, are less represented in the HRH committee. Furthermore, the decision-making process in the committee is usually not well balanced between those who have resources and those who have less power.

The main objective of the HRH committee is to develop and implement an evidence-based and costed HRH plan, with the participation of all key stakeholders. An initial evaluation of progress made by countries in implementing the principles of the Agenda for Global Action indicated that 63% of 51 respondents said that the HRH plan was developed.² However, the implementation of the multisectoral HRH plan was not fully achieved in any of the HRH crisis countries. One of the main reasons for this situation can be attributed to the lack of involvement of stakeholders in design and implementation phases of the HRH plan. Another reason mentioned by the participants of the various coordination meetings organized by the Global Health Workforce Alliance (The Alliance) is the insufficient resources of the HRH unit of the Ministry of Health (MoH) to engage and coordinate actions of the key HRH stakeholders.

In response to the coordination issues, the Alliance decided to support actions that will strengthen the HRH coordination process at country level. In 2009, the Alliance launched "the country coordination and facilitation (CCF) for human resources for health principles and process" in order to enhance the cohesion of actions taken by various stakeholders at country level to resolve the HRH crisis.

Four types of activities were organized by the Alliance in 2009 and 2010 in order to disseminate and engage countries and partners for better coordination for HRH:

1. CCF sensitizing meetings were held in Africa, Asia and Latin America to review and gain a common understanding of the CCF and to develop country-specific recommendations for implementation. Country Coordination issues were discussed by participants and recommendations were made to improve the coordination process.
2. An advocacy meeting was organized for development partners to increase their engagement in the CCF process in order to facilitate resource mobilization for the implementation of the plan. One of the outputs of the CCF partners' meeting was the identification of criteria for an effective HRH committee.
3. A global CCF capacity-building event was organized for training and research institutions at country level. The institutions which participated in the meeting were selected by the countries themselves. During the event, the institutions and MoH focal points identified core competencies needed for a participatory process to develop an evidenced-based, comprehensive and costed HRH plan. They also conceived country work plans to strengthen the HRH coordination process.
4. Based on country work plans, a catalytic fund was provided to 16 selected countries that committed to strengthening their country coordination process.

Support given by the Alliance to the selected countries in 2009 and 2010 will help the members of the HRH committees to develop an evidence based-comprehensive and costed HRH plan.

1 Based on the 2006 WHO report 57 countries were identified with an important shortage of HRH.

2 The first progress report on the Kampala Declaration and Agenda for Global Action in priority countries to be published by the Alliance in 2011 during the Second Health Workforce Global Forum.

INTRODUCTION

The Global Health Workforce Alliance (The Alliance) was created in 2006 as a common platform for action to address the Human Resources for Health (HRH) crisis. The Alliance is a partnership of national governments, civil society, international agencies, finance institutions, researchers, educators and professional associations dedicated to identifying, implementing and advocating for solutions to this pressing crisis. As a convener, the Alliance promotes harmonization of stakeholders' actions in favour of the resolution of the HRH crisis.

The lack of Human Resources for Health is a complex and multifaceted challenge, and strong coordination among diverse and numerous stakeholders is a prerequisite to resolving the HRH crisis. Following the Kampala Declaration and under the Agenda for Global Action³ adopted by the First Global Forum on Human Resources for Health in March 2008, two main categories of action were identified for the coordination of national actors and partners to address the HRH crisis at country level:

- building coherent national and global leadership for health workforce solutions; and
- ensuring capacity for an informed response based on evidence and joint learning.

The Agenda for Global Action indicates that it is the responsibility of the national leadership to respond to the HRH crisis and devise consistent, long-term solutions applicable to the country situation. Yet it is only through coordination of national stakeholders and activation of strategic partnerships that the national leadership will achieve effective results at the central and local levels. To achieve joint learning during this process, only coordination mechanisms implemented by stakeholders in an institutional and sustainable way will enable the development of effective solutions for the HRH challenge.

In 2009, the Alliance identified principles⁴ to strengthen the HRH coordination process at country level. A document introducing country coordination

and facilitation principles and process was launched. Country Coordination and Facilitation (CCF) is a strategy that promotes the centrality of the existing national HRH committee as a process to bring together all stakeholders, to more effectively harness their contributions and to build coherence, coordination and national relevance of all their actions. The CCF process helps identify the comparative advantages of the various HRH stakeholders and facilitate collaboration for health systems strengthening. Through engagement with relevant mechanisms and donor programmes, CCF provides the environment for engagement and the development of linkages among programmes with HRH implications.

The CCF process clearly shows that involvement of diverse stakeholders helps to develop and implement evidence-based and comprehensive, costed HRH plans in a participatory and transparent manner. They should also further participate in monitoring and evaluation of progress and results of the implementation of the HRH plan. This should additionally reinforce the leadership of the Minister of Health through effective coordination of stakeholders and accelerating responses to the HRH crisis.

This report is a synthesis of actions taken by the Alliance in 2009 and 2010 in order to strengthen the HRH coordination process at country level. The first section will present the CCF objectives, the support given to the countries by the Alliance and the expected output of the countries' CCF activities. The second section will present the result of the various meetings organized by the Alliance in order to sensitize, advocate and build capacity of stakeholders for better coordination. The third section presents the result of the CCF advocacy meeting held to engage development partners to support CCF actions at country level and also presents results of the capacity-building meeting for selected institutions to be involved in the country stakeholders' capacity improvement.

³ The following six areas of action were identified during the Kampala Forum: leadership, evidence-based information, education, retention, migration and investment (see the agenda of action principles in Annex)

⁴ See the CCF principles in Annex A



STRENGTHENING THE
HRH COORDINATION
PROCESS: ALLIANCE
SUPPORT TO COUNTRIES

1. STRENGTHENING THE HRH COORDINATION PROCESS: ALLIANCE SUPPORT TO COUNTRIES

1.1 CCF actions in countries

The CCF, through the HRH committees, encourages proactive and sustainable involvement of key local stakeholders in the following series of HRH improvement actions:

1. Developing HRH advocacy plan;
2. Implementing HRH advocacy plan;
3. Preparing country HRH situation analysis or HRH profiling;
4. Developing evidence-based, comprehensive and costed HRH plan;
5. Implementing evidence-based, comprehensive and costed HRH plan;
6. Monitoring the progress of implementation of evidence-based, comprehensive and costed HRH plan;
7. Evaluating the results of implementation of evidence-based, comprehensive and costed HRH plan; and
8. Revising or adjusting the evidence-based, comprehensive and costed HRH plan.

Thus, the objective of CCF is to collectively choose appropriate strategies for encouraging involvement and informed management by stakeholders.

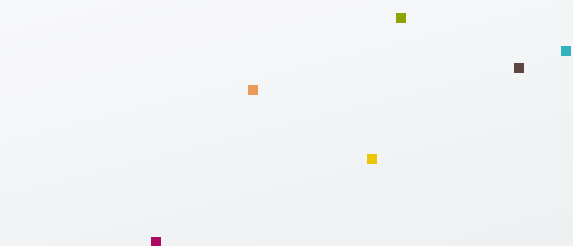
1.2 Support given by the Alliance to the CCF process in countries

The Alliance's support for increasing coordination among the HRH stakeholders was conducted at global, regional and country level. The following four milestones were reached in 2009 and 2010 to support the CCF to tackle the HRH crisis at the country level:

Organization of four CCF sensitizing meetings in Africa, Asia and Latin America. Country participants were represented by various stakeholders, including government officials from various departments, academia and the private sector.

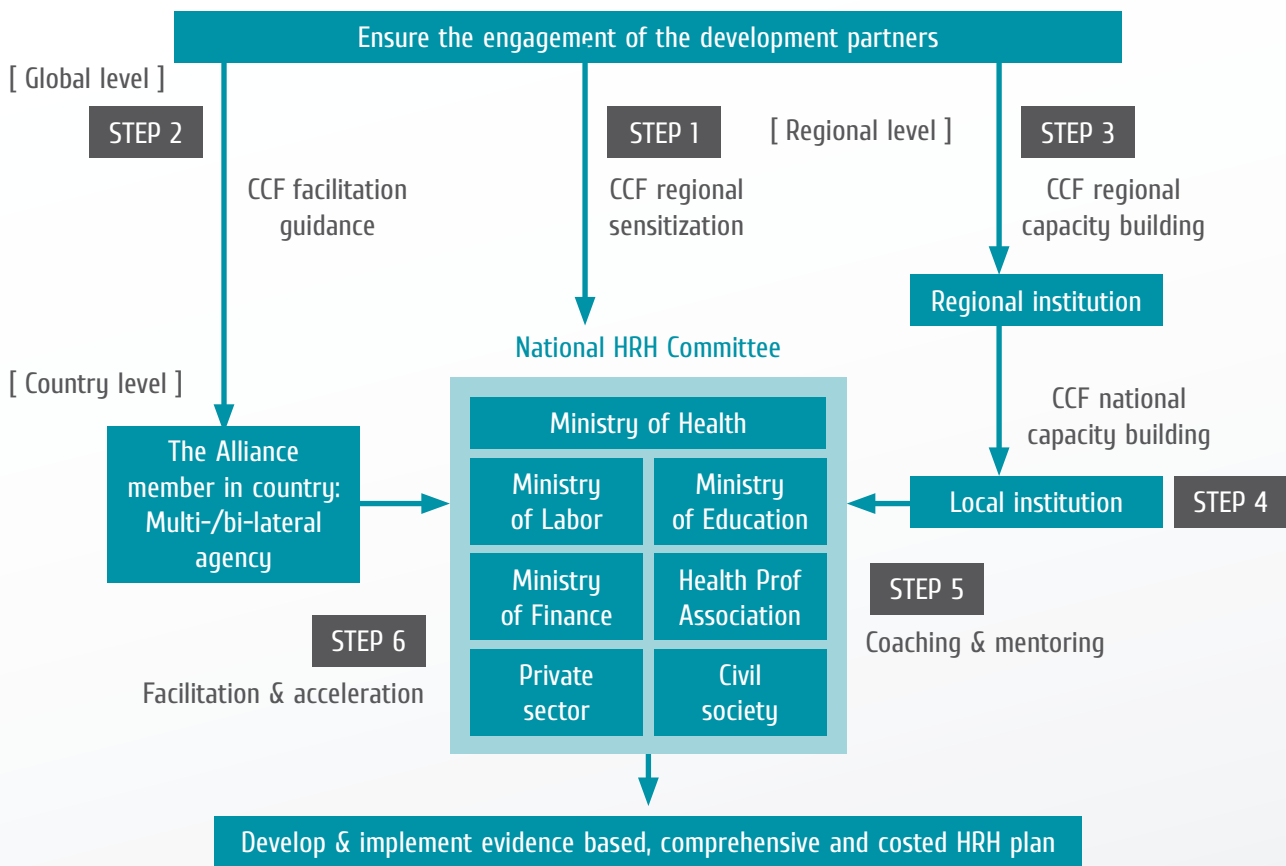
- An advocacy meeting was held at global level for the development partners to determine the tangible support they can provide to the country coordination and facilitation process. This meeting was recommended by the participants of the regional meetings.
- A global CCF capacity building meeting was held based on the recommendations of the participants during the sensitizing meetings for 18 selected countries⁵ which were supported by the Alliance.
- Catalytic funds were provided to the selected countries to establish or strengthen their HRH coordination process in order to develop the evidence based, comprehensive and costed HRH plan.

⁵ The countries selected are: Afghanistan, Cameroun, Comoros, El Salvador, Eritrea, Indonesia, Mali, Morocco, Nepal, Nigeria, Papua New Guinea, Pakistan, Paraguay, Peru, Sierra Leone, Sudan, Zambia, Zimbabwe.





The Alliance actions to support the CCF



The figure above summarizes the actions by the Global Health Workforce Alliance to support HRH coordination process at the country level.

Without the strong collaboration fostered by the CCF, it will be difficult for many countries to achieve results in HRH. Through the series of actions organized by the Alliance and its partners, countries are now better equipped through stakeholder engagement and ongoing HRH plan development and implementation to take on this global challenge at a national level.

1.3 Steps for strengthening or establishing a CCF process at country level

The following steps will be followed by countries in order to strengthen their HRH coordination process:

1. Identification of the stakeholders at country level;
2. Engagement of CCF stakeholders in various country activities for the development or management of HRH
3. Improved CCF stakeholder capacity for achieving effective HRH development and management;
4. Establishment of the HRH committee at national level;

5. Development of an evidence based, comprehensive and costed HRH plan;⁶
6. Implementation of an evidence based, comprehensive and costed HRH plan; and
7. Monitoring and evaluation of the implementation of the evidence based, comprehensive and costed HRH plan.

1.4 Expected outputs

The expected outputs of the CCF strengthening process are:

- An evidence-based, comprehensive and costed HRH plan which will be endorsed by all stakeholders and
- Implementation of the HRH plan which will involve all key stakeholders.

⁶ An evidence-based, comprehensive and costed HRH plan should: (i) include of all strategies necessary to resolve the HRH issues and challenges; (ii) be developed through the CCF process by involving all the HRH stakeholders (e.g., ministries of health, education, and labour, professional association, civil society, development partners); (iii) be underpinned by the results of a situation analysis and updated HRH information; (iv) be illustrated and costed to operational level to encourage the ministry of finance and donors to finance.





SENSITIZING
COUNTRIES FOR BETTER
HRH STRATEGIES
COORDINATION:
ACHIEVING RESULTS AT
REGIONAL MEETINGS

2. SENSITIZING COUNTRIES FOR BETTER HRH STRATEGIES COORDINATION: ACHIEVING RESULTS AT REGIONAL MEETINGS

Facilitating country actions to address the HRH crisis requires building the capacity of priority countries to assess, formulate, manage and implement the appropriate policies and interventions in their own communities. It also entails assisting them to ensure that a sustainable, motivated and skilled cohort of health workers is available to meet health care needs and working with partners to ensure that funding and technical expertise is available for programmes. To launch the CCF process in countries, a series of regional sensitizing meetings were held in Accra, Hanoi, Ouagadougou, and San Salvador to provide HRH crisis countries with an opportunity for learning and dialogue.

This section will present a synthesis of the sensitizing meetings, which were organized using a standard template with the same objectives and outcomes. While the same structure was employed for each meeting, it should be noted that there are some differences in individual country experiences, regional and language grouping and cultural differences. This section describes the objectives, key issues and recommendations made by participants during the meetings. The 2010 country-level support of the Alliance was based on the recommendations of the participants during the sensitizing meetings.

2.1 CCF sensitizing meeting for English-speaking African countries

Participating countries: Ethiopia, Gambia, Ghana, Kenya, Lesotho, Liberia, Malawi, Nigeria, Sierra Leone, Sudan, Tanzania, Uganda, Zambia, Zanzibar, Zimbabwe

In October 2009, 150 participants from 15 different countries gathered in Accra, Ghana, representing national governments (ministries of Health, Finance, Education, Labour and Civil Services) NGOs, academia, private sector and development partners. Countries shared their experiences with coordination in order to gain a common understanding of CCF and develop next steps.

Malawi and Zimbabwe presented their best practices for increasing incentives for health care workers. Ghana's progress in introducing tangible solutions to respond to the HRH crisis were discussed, as well as the Zambia programme, which is country led, supports the national plan, and uses cost effective methods, volunteers and existing organizations. At the end of the meeting, consensus was reached on the importance of a coordination process for the resolution of the HRH crisis and recommendations were made to strengthen the HRH country coordination process.

Key issues for HRH coordination included the following:

- Effectiveness of the coordination mechanisms: Coordination structures exist in most countries, but are they actually working? Will they solve the HRH problem if they do work effectively? In countries, mechanisms exist for coordination, but when the functioning of the coordination structures are assessed, the same problems persist.
- Impact of political environment on the coordination process: Other factors need to be considered also, such as the political environment, which can have a direct bearing on HRH and funding for health.
- More collaboration between partners: Active and increased collaboration is also needed among development partners because many have their own agendas.
- Low involvement of the private sector: Right now, the public sector is carrying the funding burden in many countries, while the private sector is often not utilized. Should they be involved in funding or training, building or rebuilding hospitals and university facilities, and how should they collaborate and participate in the CCF?
- Increased leadership: High profile individuals and leaders in countries can advocate for making coordination mechanism work for better HRH outcomes. For example, champions can engage the

media and public opinion and have positive effects in mobilizing agencies and organizations.

HRH production and management issues:

- **Funding:** Country experiences all demonstrated good plans but with low investment. This is not sustainable.
- **Training constraints:** A shortage of teachers and schools persists, hindering education of the future health workforce. Adequate investment has not been made. Another concern is the shortage of financing of pre-service education and the capacity of the MoH to secure or receive these resources and not the training institutions. Structural issues like this continue to diminish the functionality of the health training system.
- **Challenges working with the government:** Governments can sometimes show lack of leadership on HRH issues and ministries are slow with paperwork and documentation despite the urgency of HRH challenges. Competition can exist among ministries, and priorities can differ greatly. Services may also be concentrated in particular states or regions, leaving others with few resources. Concerns also persist about linking policy decisions with coordination and the operational level.
- **Monitoring and evaluation:** In many countries, there are no databases to track or methods to measure performance of the HRH plans. Knowing if actions are having an impact in an area or in the country is important. Most countries have existing HRH plans and health workers on the ground, but there is still a HRH crisis, so measuring is critical in understanding where the gaps exist.

Recommendations for improving the management of HRH to be considered by the stakeholders:

- A massive boost in training of health workers is needed with the strategy of short-term support to train trainers to ensure long-term training for sustainability for an increased number of workers.
- Standardized trainings, curriculum and definitions of qualifications are needed, as well as consistent quality control measures for schools and universities. Ensure recognition of qualifications across the ECOWAS region.
- The issue of how to make adequate financial investment for health worker training must be addressed. Funding training institutions can be difficult particularly by states in a federal system, and federal governments should take on this responsibility.
- Increased salaries could help boost retention or recruitment of health workers and contribute to combating "brain drain" of skilled, educated workers to other countries with better pay.

BOX 1

Recommendations for establishing the HRH coordination process in the countries

- Benchmarks should be instituted to measure success of coordination mechanisms, including development of an evidence-based, comprehensive and costed HRH plan with participation by all partners and a unified monitoring and evaluation framework.
- In some countries, there are multiple coordination mechanisms. The health workforce observatory should be seen as an opportunity for streamlining coordination.
- The issue of partnership for HRH cannot be confined to the health sector alone and outreach is needed to include other sectors and ministries.
- Collaboration is needed also with sectors such as education so that schools can be built in hard to reach areas to ensure that health workers can serve in those areas.
- Balance is needed between public and private sector roles in HRH planning, as some countries rely too heavily on the public sector side.
- Monitoring and evaluation is critical if countries are to know if actions and plans are truly having an impact.

2.2 CCF sensitizing meeting in French-speaking African countries

Participating countries: Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Djibouti, Guinea, Guinea-Bissau, Haiti, Madagascar, Mali, Mauritania, Niger, Senegal

In November 2009, the Alliance, the World Bank and the World Health Organization (WHO) jointly organized a workshop in Ouagadougou, Burkina Faso, to enable francophone African countries to define a framework for action on HRH through sharing experiences and strategies for coordination. More than 100 stakeholders participated, representing 16 countries and 13 institutions and organizations.

The Ouagadougou gathering was devoted to discussion of the coordination mechanisms and the HRH planning process related to HRH in francophone African countries. The great majority of country delegations reported that their countries already had coordination mechanisms for addressing the HRH issue integrated into the national structures involved in health care governance. Each delegation also provided an analysis of how to establish, reinforce or carry forward the CCF process, observing that what was required was not the creation of a new coordination body but rather an improvement in the capacity of the current mechanism to function effectively and adequately address and fund the HRH crisis in their country.

Key issues for coordination discussed during the meeting:

- Coordination in countries is not necessarily activated. According to participants, meetings are not regularly held and the organizational structure is dominated by government representatives and seldom included NGOs, trade associations and private sector representatives.
- The attendance of members at meetings is not continuous.
- Inter-sectoral coordination is lacking.

- Conflict of interest sometimes exists among stakeholders, as well as differing priorities within the government, which are exacerbated if the MoH does not display effective leadership.
- Those in charge of HRH often lacked the knowledge and skills required to engage effectively in HRH planning.
- A failure to engage with certain key actors persists, including the private sector and civil society.
- National leadership and coordination is frequently weak.

HRH management system issues:

- Shortage of human resources, lack of training, inequitable distribution of workers, and their retention in remote areas continued to be major problems.
- Lack of investment in competence training and career progress exists.
- The process of change in HRH management was operationally weak.
- Actions to stimulate renewed impetus in management of HRH, including results-based financing, often were not undertaken.

Ultimately, the meeting provided motivation for the development of effective coordination mechanisms to achieve the goals of the Kampala Declaration. Delegates agreed that leadership, coordination and planning were necessary requirements for a sustainable resolution of the HRH crisis in their countries, and engaging stakeholders from various sectors was vital to put the principles of the Kampala Declaration into practice. The Ouagadougou meeting also succeeded in raising awareness among francophone African countries of the principles and strategies for effective CCF and provided a shared community of interests with the Alliance, the World Bank and WHO.

BOX 2

Recommendations for strengthening the CCF process

- Launch advocacy campaigns to promote the CCF principles to top-level decision makers and health policy authorities;
- Encourage countries to set up a national task force able to promote an integrated vision of the problems HRH faced within the national funding of the health system and to ensure the sustainability of national HRH plans and hence their positive impact on the population's health;
- Build situation evaluation capacity to identify national gaps in HRH coordination and planning and monitor the technical, organizational and financial progression trajectories to address the crisis;
- Create a database of the partners, institutions and networks involved in the resolution of the HRH crisis for each country and region;
- Convene regional meetings to achieve a joint understanding of the defining characteristics of a national development plan for human resources as an element for reinforcing national health systems;
- Develop interconnected work systems to coordinate the strategic alliance of national partners within an organization that maintains capacity to manage effectively;
- Support from the Alliance to assist in equipping training institutions and the structures in charge of HRH with knowledge and tools that need to be tested and proved at national level;
- Implement the CCF process in each country in the framework of a national workshop taking into account national HRH issues and the need for technical or financial support;
- Capitalize on existing expertise of HRH partners for the benefit of impacting HRH issues;
- Improve communication among stakeholders through the sharing of data and information, which will build common understanding of issues and increase transparency; and
- Encourage a participatory planning and decision-making process for both the government and other partners involved in resolving the HRH crisis, moving toward eliminating competing agendas.

2.3 CCF sensitizing among South Asia and Pacific countries

Participating countries: Bangladesh, Bhutan, India, Indonesia, Laos, Myanmar, Nepal, Vietnam (Cambodia and Papua New Guinea were unable to attend)

In November 2009, the Alliance, together with the MoH of Vietnam and the Asia-Pacific Action Alliance for Human Resources for Health (AAAHH), convened a meeting of 40 HRH stakeholders to present and discuss the CCF, review existing HRH coordination and build consensus on strengthening HRH coordination within Asia and the Pacific Regions. This gathering was organized in conjunction with the AAAHH annual Conference and included a diverse group of partners from the region. Asian countries discussed on the HRH management issues and they expressed the recommendations that more stakeholders needed to be involved in the implementation of HRH activities, with stronger coordination and facilitation by the MoH. However, they also voiced that high-level decision-makers such as Prime Ministers and Presidents need to show more leadership and help raise broader awareness among the public.

HRH coordination keys issues discussed:

- Lack of coordination among stakeholders in Nepal;
- Lack of strong regulatory framework for involvement of the non state actors such as private sector and civil society;
- Difficulties in coordination between central and local authorities; and
- Lack of clear identification and mapping of multilateral agencies, civil society organizations and others involved in HRH issues at the country level.

HRH management issues identified:

- Lack of procedures and processes for professional standards and competencies, ethics and professional conduct among all professional organizations;
- HRH budgetary constraints; and
- HRH analysis is often not supported by accurate and timely data, as well as reliable health management information systems.

BOX 3

Recommendations for priority actions by countries, relevant to their current context and progress

- Advocate for country coordinated mechanisms to all stakeholders and to higher level of decision makers for provision of adequate budget for running of partnership mechanism;
- Encourage the integration of HRH, health care financing and health information systems at MoH level for overall health system strengthening;
- Undertake national-level consultation of all stakeholders on the CCF process, ensuring that documents and plans are shared and their commitment secured;
- Map and develop a database of HRH partners and their functions, including academia;
- Strengthen existing health sector-wide coordination mechanisms;
- Assessment of existing HRH policies and strategies to identify and address gaps, particularly in the areas of capacity building and infrastructure for public health workforce;
- Advocate and fundraise for a national, evidence-based, comprehensive, costed HRH plan in each country;
- Present the CCF process to the human resources division of the government;
- Develop an inclusive list of all stakeholders in HRH;
- Convene key stakeholders regarding the need for developing a national, costed, evidence-based HRH plan;
- Formalize the CCF and develop guiding principles to make it functional and effective;
- Institute a national forum for HRH for policies, strategy and education;
- Secure endorsement of the new national HRH plan by the highest levels of government;
- Investigate key technical issues in regards to HRH; and
- Ensure inclusion of the national HRH plan into development of roadmap on improvement of public health status.

2.4 Moving forward with CCF in Central and South America

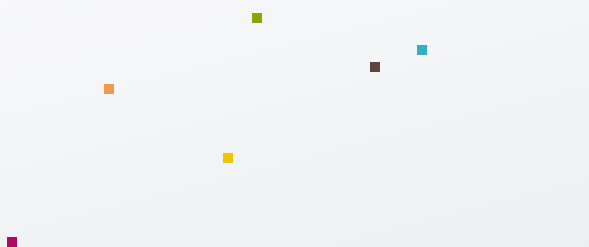
Participating countries: Bolivia, Brazil, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Paraguay, Peru

The Alliance joined with the Pan American Health Organization (PAHO) and the Ministries of Health of El Salvador and Brazil for a meeting held in San Salvador in May 2010 to identify strategies for strengthening coordination for HRH implementation plans. The Alliance presented the CCF process and shared with participants the outcomes of CCF consultation meetings held in Africa and Asia. Some 80 participants from nine Central and South American countries participated, including representatives from various government ministries, marking the first time such a variety of stakeholders came together on the issue of HRH in the region.

The meeting aimed to help strengthen the governance of the national health authority in the development of human resource plans for primary health care through the adoption of strategies and mechanisms of relationship and coordination with key government sectors and other stakeholders. Countries became more familiar with the Alliance and its mission, presented their situations and challenges and shared success stories. Particular focus was given to Brazil whose HRH coordination mechanism was recognized by participants as a model that could benefit and inspire other countries in the region. Participants gained a better understanding of the importance of coordination mechanisms for the design and implementation of human resources, and cross-sectoral dialogue began among participants from each country.

Recommendations for improving HRH management:

- HRH strategies should link to the improved economic and social development of the country, with the corresponding financial impact.
- HRH management should be aimed at improving service delivery to users, including ethical issues of practice, commitment to service and population.



- Health careers should be more widely promoted along instead of only administrative careers.
- The issues within medical residency programmes are problematic in almost all countries and should be addressed, including the type of profiles, the number of programmes, the ability of hospitals to accompany the learning process, the lack of educational programmes and coordination between academia and the services, and the mistreatment of residents.
- Regulatory processes must be improved for medical training programmes through the accreditation of courses, professional certification and regulation of educational institutions.
- Mechanisms and methods of financial analysis should be developed for staffing, appropriate to the requirements of the services and opportunities for financing sustainability.
- Funding should be linked to institutional development, and new capabilities and profiles of resolution according to the needs of the population.

BOX 4

Recommendations for improving dialogue among the stakeholders

- Transform the Brazil case study into a learning document on how coordination mechanisms could be established and improved; review the PAHO country case studies to prepare an analytical paper on the specific coordination of stakeholders in Central and South America countries; and identify a consultant for the processing of case studies transformation work.
- Countries should request assistance from the Alliance for strengthening coordination mechanisms for HRH and for support of at least three countries in the region for strengthening the coordination of human resource strategy mechanisms. The Alliance should be more involved in preparing country or regional CCF meetings since the principles are not yet fully integrated by governments or partners such as WHO.
- Donors and HRH partners did not participate in the meeting though they are vital for collaboration at country level. Stakeholder coordination should thus be expanded and improved.
- Governments need to more accurately estimate health sector needs since they are the highest authorities responsible for setting a financial framework for social spending. Dialogue between Health and Finance Ministries should be collectively encouraged so that adequate financial resources are allocated according effective policies and accurate HRH estimates.
- Joint budget analysis is needed between the Ministries of Finance and Health, based on current social policy and the existing tax ceiling.

The meeting closed with the adoption by eight countries of the "Salvador Declaration" and participants reiterated their commitment to the right to health and strengthening social protection systems and expressed their mutual support and cooperation.

SALVADOR DECLARATION

- Build government capacity for the promotion, development, implementation and sustainability of Policy and Human Resource Plans for the transformation of health systems towards equity, universality and the right to health and access to health services in the context of primary health care strategy;
- Promoting a culture of dialogue, exchange and mutual learning between key sectors of government policy development and human resource plans for health, in a logic of shared responsibility with government policies;
- Build, strengthen and sustain areas and institutional mechanisms for exchange of information, analysis, planning, coordination and consultation with key government sectors, particularly the Finance, Planning, Education, Civil Service and Labor sectors, the different levels of system management health, stakeholders and relevant social actors;
- Deepening the process of change, management and institutional development of the planning functions, regulation, management of education and health work and workforce management of health ministries;
- Develop integrated information management systems on health human resources, and collaborative information networks;
- Exchange experiences, expertise, models, methods, studies and other relevant resources to solve the problems of resource management policies for health; and
- Jointly exploit the possibilities of support and cooperation between countries, international organizations, with the instances of integration and the actual capabilities of each country.

BOX 5

Global recommendations of the sensitizing meetings

- Country should generate evidence-based information on coordination process in order to learn from successful experience.
- Involve development partners at the country level in supporting the CCF process to build legitimacy of the process.
- Enhance policy dialogue between public sector especially ministries of health and education and the private sector.
- Capacity building of stakeholders in countries is needed in the areas of resource mobilization, advocacy, and HRH planning. This led to the global capacity-building meeting in Cairo to identify the capacity-building needs of country stakeholders.
- Advocacy campaigns should be held at the national level to promote the CCF principles and to engage high-level stakeholders to lead the CCF process. Outreach is needed to engage all relevant government ministries.
- Monitoring and evaluation needs to be improved of both HRH plan implementation and in regards to workforce data as well.

The Alliance should:

- Support the mapping of the HRH actions development partners involved in the Health sector;
- Encourage stakeholders analysis in all crisis countries to facilitate their selection in the HRH committee; and
- Support the capacity building of the existing HRH coordination mechanisms and the establishment of new process if needed by countries.

Countries' expectations by adopting the CCF process:

- Increasing of the participation of the stakeholders in the HRH committee;
- Harmonization of the priorities and interest of the various stakeholders engaged in the CCF; and
- Improvement of the leadership of the MoH as a secretary of the HRH committee in many countries.

2.5 Actions taken by the Alliance to implement sensitizing meeting recommendations

In 2010, 17 countries were selected, based on the recommendations of the sensitizing meetings, the progress made on information updates relating to HRH situations and number of supporting partners to HRH actions in the country. The countries selected are:

- Africa: Cameroun, Comoros, Eritrea, Mali, Nigeria, Sierra Leone, Zambia, Zimbabwe;
- East Mediterranean: Afghanistan, Pakistan, Sudan;
- Central and Latin America: El Salvador, Paraguay, Peru;
- South Asia: Indonesia, Nepal, Papua New Guinea.

Sixteen countries selected (except Sierra Leone) received support from the Alliance based on their requirements for CCF strengthening. In most of the selected countries, The Alliance support was linked to the establishment or strengthening process of the HRH committee and capacity building of the stakeholders. However, some countries with specific needs related to CCF also received support from the Alliance.



MAKING COUNTRY
RECOMMENDATIONS
A REALITY: THE ALLIANCE
MOVES CCF FORWARD
GLOBALLY

3. MAKING COUNTRY RECOMMENDATIONS A REALITY: THE ALLIANCE MOVES CCF FORWARD GLOBALLY

During the CCF sensitizing meetings, many recommendations related to the involvement of the development partners in the CCF process and capacity building activities for the stakeholders were made. In response to the countries' requirements, the Alliance organised an advocacy meeting for development partners and capacity building for selected training and research institutions involved in CCF activities. During the capacity building meetings, core competences needed by country stakeholders were identified, and the country CCF work plans were finalized. The expected output of these activities were to engage development partners at country level in the CCF process and to facilitate the stakeholders' specific needs analysis by using the core competences identified during the capacity building meeting.

3.1 Engaging partners in the country coordination process

Following the series of regional sensitization meetings for CCF, it was critical to help fuel HRH actions at country-level and ensure that support was available to address HRH issues in critical countries. The Alliance convened a meeting in Geneva in June 2010 to consult with partners and collaborating agencies on the way forward in providing support to countries. The meeting brought together a small group of participants who possessed among them several decades of experience in health systems and HRH matters, with existing global HRH funding mechanisms and in country level settings and dynamics.

The meeting covered the following broad objectives:

- Discuss the possible ways of strengthening and/or reinforcing coordination of support to countries on HRH matters; and
- Review the proposed process for CCF, and identify ways in which the Alliance members, partners and collaborators can work at country level to accelerate support to implement HRH interventions.

The participants conducted non-binding brainstorming session on general country settings for coordination among HRH stakeholders, proposed process CCF for HRH interventions and possible ways forward to strengthen in-country coordination processes. Dialogue regarding general country-level settings revolved around the complexity of HRH issues and covered topics such as existing HRH initiatives and mechanisms, donors and other international agencies, political will and roles and responsibilities of in-country stakeholders. Regarding the CCF process, participants discussed progress for CCF, the proposed process of moving CCF forward, and the draft CCF document.

The participants identified the key issues and principles pertaining to coordination of the actions addressing HRH issues at country level, resulting in the meeting outcomes described in Box 6.

BOX 6

Effective coordination process criteria

- **Building on existing structures:** The HRH coordination committee⁷ should preferably be built on existing national processes and mechanisms and does not duplicate roles. However, if there is no existing and functioning committee, the CCF should promote and assist in creation of a Committee or working group.
- **Linking to other coordinating mechanisms:** The committee should function not as a stand-alone structure but as a component of (or have clear linkages to) the overall national health sector coordination committee. The CCF process should be integrated into or harmonized with other coordinating mechanisms such as Country Coordination Mechanism (CCM), International Health Partnership plus (IHP+), Harmonization for Health in Africa (HHA), and Joint Assessment of National Strategy (JANS).
- **Inclusiveness:** The committee should be composed of all relevant key stakeholders whose decisions or actions have an impact on the HRH situation. These include not only ministries of health, finance, education, public services and labour but also professional associations, regulatory councils, health service commissions, health professional

⁷ "Committee" is used as a generic term since countries have varying names for their HRH coordination mechanism, including "committee" and "technical working group."

training institutions (public and private), civil society advocacy groups, academic and research institutions and development agencies. The roles and responsibilities of each member of the committee should be clearly defined.

- **Legitimacy:** The committee needs to be officially recognized by all key HRH stakeholders in the country. It should be ideally reinforced by the presence of enabling legislation that defines the status and roles of key HRH stakeholders and health worker cadres.
- **Leadership:** Ideally, the committee should be convened and led by the MoH and carry political clout in setting clear objectives for addressing HRH issues in the country.
- **Authority:** The committee should be given the formal authority and power to make necessary decision in determining HRH priorities and allocation of resources available for HRH.
- **Accountability:** The committee should have clear mutual accountability (both government and development partners) for delivery on agreed objectives and results.
- **Financing:** A clear and long-term financing should be arranged, for implementing decisions of the committee within the overall national health sector budget.

Recommendations for Alliance support:

- **Capacity building:** The Alliance partners support capacity-building activities to strengthen countries in involvement and coordination of HRH stakeholders. The Alliance, its partners and other agencies should explore ways of closer collaboration and synergies in providing support to countries to address HRH situation.
- **Donor mapping:** The Alliance secretariat to develop and provide a donor mapping tool on its website, so as to foster synergies between donors at country level.

3.2 Building capacity for CCF

As the next step to move forward CCF action, a global meeting was held in Cairo, Egypt, in July 2010 to discuss, validate and design action plans for country coordination and facilitation of human resources. Convened by the Alliance in collaboration with the Eastern Mediterranean Regional Office (EMRO) of WHO, the meeting brought together representatives from 18 countries selected to receive support from the Alliance for their CCF activities. The aim of the gathering was to help countries with important HRH problems identify strategies to strengthen a stakeholder involvement in the coordination process and create facilitation plans. The countries represented at

the meeting sought guidance on several aspects related to the establishment of coordination process and the development of an evidence-based, comprehensive and costed national HRH plans. The meeting provided the setting for the countries to share, discuss and validate ideas and concepts related to their HRH coordination and beyond.

The general objectives of the workshop were as follows:

- Improve the proposed national CCF capacity-building action plans for strengthening HRH coordination process;
- Learn from other countries, their experience with collaboration mechanisms between existing HRH structures, national, regional and international institutions and organizations; and introduce tools to help guide the process and provide evidence-based information for decision making.

Three vital tools for CCF were presented by the Alliance to aid countries in addressing their unique HRH challenges:

- The Resources Requirement Tool (RRT) to estimate the future cost of scaling up and bidding budgetary constraints;
- The Health Action Framework (HAF) which compiles the guidelines, tools, knowledge and best practices on health workforce planning into a single, user-friendly, web-based tool; and
- An advocacy tool that can be used to provide guidelines on how to bring on board different stakeholders and how to get their support lined up to sustain the process at the country level in the future.

Through the meeting, clarification was provided on CCF, its structures and mechanisms, and tools were shared to guide analysis of HRH assessments at the country level and explore policy options for reform. Participants also discussed needed competencies for an effective coordination process, as well as available instruments to provide evidence-based information under various production, employment and economic growth scenarios. The plenary and working group discussions during the workshop also allowed countries to think through and revise the coordination and facilitation plans.

3.2.1 CCF challenges for countries

A major challenge identified by several countries during the CCF process was the ineffectiveness of structures responsible for coordination. Additional weaknesses were identified in the decision-making process, which often does not include the main stakeholders who will be impacted or will benefit from key decisions. Strong political leadership, ownership and stewardship lead to good results and are the engine of a successful coordination and engagement of various stakeholders including civil society and the private sector.

Participants offered the following comments and questions around CCF issues:

- Successful CCF means tailoring things to the country context. What works in one country may not work in other countries.
- Strengthening the entire health system is a key to success and not a vertical approach tackling only HRH. Thus, HRH issues should be part of the health system strengthening.
- Some countries are interested in in-depth discussions on how other countries put in place the CCF mechanisms.
- Stakeholder analysis is important in identifying each stakeholder's level of interest or involvement and how they can influence the outcomes of certain projects.
- Leadership is needed not only at the national and local level but also at the international level. The lack of coherence in HRH policies and priorities for different stakeholders creates conflicting messages and different developmental agendas.
- Countries' efforts should be supported by a sustained commitment of the development partners. The relation between the long-term investments needed and the short-term life of different projects is troublesome and needs to be addressed by a constant dialogue between countries and the international community.

- Many times the fragmentation of efforts at the country level is the result of the fragmentation of actions at the global level.
- WHO partnership should be promoted as some common agreements should be reached in terms of HRH terminology and other issues.
- Countries would like to be advised and know more about the relationship between exporting and retaining the HRH workforce. Do we know the cost benefit analysis among countries who took different paths?
- In the countries where HRH observatories were put in place, the observatories already function as a convening mechanism bringing together different stakeholders on a more technical platform.

3.2.2 Core competencies for CCF

Countries have different types of coordination mechanisms but for a number of reasons some of these structures do not function effectively and efficiently. Many have weak capacity and lack of competency in specific areas. Building the capacity of the HRH stakeholders will strengthen the HRH structures and improve the coordination process. Core competencies are the general resources and knowledge needed to strengthen the coordination structure and members capacities in order to tackle the functions⁸ of the HRH committee. The main areas of core competencies identified by the working groups are leadership, stewardship, stakeholder analysis, organizational management, team building, health information systems, and rules and regulations. Each region identified and proposed ways to try to address CCF gaps in core competencies. The Table below summarizes the core competencies identified by the participants.

⁸ See HRH committee functions in Annex B

Areas of competencies identified by participants

| Individual areas of competencies | Organisational areas of competencies | Institutional areas of competencies | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Knowledge and skills | Resources | Rules and procedures | Responsibilities |
| <ol style="list-style-type: none"> Leadership Advocacy skills Team building skills Negotiation and consensus building skills Evidence-based decision making, Understanding resource management Communication information Monitoring and evaluation skills HRH data analysis skills Transforming data into meaningful policy Policy analysis skills Stakeholders analysis skills | <ol style="list-style-type: none"> Developing HRH Information System HH plan implementation Monitoring and management tool Stakeholders analysis tool HRH plan costed tool Resource mobilisation guideline | <ol style="list-style-type: none"> Establishing procedures for information sharing in order to build trust Strengthen policy dialogue between HRH committee members and development partners Legislative framework necessary to conduct and implement the desired HRH policies | <ol style="list-style-type: none"> High-level committee led by MoH HRH committee chaired by the Minister or Permanent Secretary Stewardship role of the government strengthened |

3.2.3 Tools for strengthening CCF stakeholder capacity

Another vital aspect of the meeting entailed the introduction of tools to help guide the CCF process and provide evidence-based information for decision making, including advocacy.

Health Action Framework (HAF)

Health Action Framework (HAF) was designed to help countries respond to core planning questions, including which area of intervention, in particular, should get more attention in the future; and what are the up to date tools, guidelines and other resources that would help address the areas that need improvement. The aim of the HAF is to help decision makers address the challenges encountered by the health, education and other sectors when dealing with HRH issues by focusing on main areas with impact on HRH. The framework is designed around four defined areas which span from

HRH situation analysis to HRH implementation and HRH monitoring and evaluation. HAF features an integrated package of tools, guidelines, resources and indicators organized according to six overlapping, action fields. The framework also takes into account broader health system goals such as equity, effectiveness, efficiency and quality.

Results Requirement Tool (RRT)

Results Requirement Tool (RRT) allows countries to assess the available resource envelope and future HRH needs under various reform scenarios. The tool allows policy makers a more evidence-based approach to HRH planning and provides insights into affordability and different reform scenarios often missing in HRH planning. The instrument provides a comprehensive view of the complexity of the health human resources issues in a country, such as numbers, distribution, deployment packages, incentive package, productivity issues, production capacity and cost.

Advocacy

Both advocacy and the CCF process aim to bring groups together with a common goal. Advocacy campaigns aim to unite, educate and empower people, communities and organizations with shared concerns; educate leaders, policy-makers and decision makers; influence the reform of existing policies, new policies, laws, budgets, programme development; and create structures and procedures that are democratic, participatory, transparent and accountable. The advocacy session focused on the main steps necessary to achieve an effective advocacy strategy as well as the methods and tactics used during advocacy campaigns.

3.2.4 CCF action plans

Five countries from various regions were designated to present their CCF action plans.

The Afghanistan proposal focused on two main aspects of the coordination process. The first step encounters the advocacy and sensitization meetings to keep the HRH issues high on the political agenda and get stakeholders' full cooperation. The coordination process can reach the level of a national forum in which the coordination issues are openly discussed and the stakeholders commit to different responsibilities under an agreed process. One important element of the HRH plan is that it is costed out under different economic and HRH scenarios and appropriate solutions are chosen. The second step will encounter the plan implementation and here the coordination between different existent databases and IT systems will be important for a timely and efficient implementation.

In Cameroon, the CCF action plan was already drafted, so the focus for the next six months is to finalize the plan. The main focus is stakeholder engagement, harmonization of the data collection activities and plans so all data collected is aligned with the national HRH objectives. The CCF plan comprises a large component addressing the monitoring and evaluation of the coordination process.

In El Salvador, the HRH policy and plan was drafted and shared for national consultations. The government plans to reach consensus in terms of the proposed objectives by the end of 2010. The CCF action plan will strengthen the MoH position to lead the advocacy and negotiation process with the development partners and the government.

The HRH plan in Indonesia focuses on deployment of the health workforce in remote, rural areas and has an important monitoring component. The implementation of the HRH plan will be lead by MoH, which needs to strengthen coordination with other sectors for

successful implementation of the plan. CCF will establish a steering committee of representatives of the different development partners and the government to lead the work. The steering committee will be in charge of providing strategic guidance to the process as well as recommend working groups to look into the weakness of the coordination process and propose solutions.

In Zambia, the MoH has already launched its HRH plan, utilizing the comprehensive information system of the HRH observatory with various key partners. They have strengthened CCF mechanisms through conducting stakeholder assessment and advocating to bring in all key stakeholders. The HRH department and units in MoH were strategically strengthened and commitment increased for scaling up training of health workers.

3.2.5 Results of the capacity building meeting

According to the participants, key outcomes of the capacity building gathering included the following:

- The meeting contributed to strengthening the global movement for HRH by bringing together and developing common aims among leaders from different regions of the world.
- Countries were able to directly share their experiences with coordination and facilitation of HRH actions and learn from each other.
- The three country case studies, Afghanistan, Nepal and Paraguay, were a catalyst of in-depth CCF discussions among all participants.
- The meeting established a common understanding of what coordination is and how the existent structures, mechanisms and alliances can be used to or can integrate the CCF process.
- Stakeholder analysis and advocacy for country's HRH issues were identified as important processes, helping countries to engage and effectively work with the multitude of stakeholders.
- Inputs for different CCF proposed processes were given during the workshop.
- It was recognized that coordination is beyond the structures and there is a need for certain ingredients such as leadership and political commitment in order to be successful in reaching the stated goals.
- HRH is a strategic issue and cannot be seen as only operational. It needs senior representation in these structures and be a sustainable function and not an ad hoc operation.



CONCLUSION

The Agenda for Global Action adopted during Kampala Global Forum on Human Resources for Health highlighted the importance of the coordination between the stakeholders involved in the resolution of the HRH crisis in order to achieve effective result. This report presents the framework adopted by the Alliance to strengthen the HRH coordination process at the country level and the results of the Alliance's efforts include the following:

- Validation of the HRH coordination principles and process developed by the Alliance;
- Better understanding of the coordination challenges at the country level;
- Specific recommendations based on various regional context on the establishment of the HRH committee;
- Criteria for effective coordination were identified;
- Development partners were engaged to support the CCF process at country level; and
- Competencies needed to strengthen HRH coordination process were identified.

Countries will continue to strengthen their CCF process in order to improve the health workforce situation while the Alliance and its partners will support the countries in improving the CCF process through various resources including a capacity building plan and maintaining close connection to CCF countries.

Moving forward, the Alliance and the participants of the various meetings agreed that they will:

- Take into account the countries' request for technical assistance and actively search for support within and outside the Alliance;
- Develop a database of countries, products and main stakeholders with interest in HRH;
- Give visibility of the country's products and actions and promote the evidence-based, comprehensive and costed HRH plan implementation strategies which will be relevant for the HRH international community;
- Promote social networks of formal cooperation among countries; and
- Reinforce the Alliance's roles and translate their roles and responsibilities into actions at the country level.

ANNEX A: PRINCIPLES AND PROCESS FOR THE CCF

Coordination

Coordination of stakeholders through the HRH committee should be the core of the CCF. The HRH unit in the Ministry of health (MoH) instituted preferably at the level of a directorate should be the focal point for coordination and convening. The CCF should be linked to broader health sector coordination mechanisms for health systems strengthening such as sector-wide approaches (SWAps), Harmonizing Health in Africa (HHA) and the International Health Partnership (IHP+). These mechanisms help to strengthen coordination around one country HRH plan and budget.

Furthermore, the HRH unit may require additional capacity building of human and material resources to fully execute its coordination role. A capacity assessment can be undertaken to identify gaps and develop a plan for supporting the unit. Government or development partners should be mobilized for support if gaps or resource needs are identified. In countries having federal administration system, the HRH committee will function at national level. However, in countries where there is decentralization to the provincial or state levels, the CCF process can be replicated to these levels by using the available decentralized structures.

Membership of the HRH Committee

HRH committees in countries should include professional associations; training institutions; non-governmental organizations (NGOs) and faith-based organizations (FBOs); private sector partners; representatives from Ministries of Finance, Education, Labour, local government and other relevant entities; public service commissions or agencies; multilateral and bilateral development partners and regulatory bodies.

A stakeholder analysis should be employed to ensure that all constituencies are represented adequately on the HRH committee. Steps should be taken to rectify cases of non-representation. In addition, representatives from constituency stakeholders should establish coordination mechanisms and processes to share information and obtain feedback from members to the HRH committee.

Linkages between the CCF and other coordination mechanisms

A number of initiatives for coordination exist in relation to specific global health mechanisms, bringing additional funding to the health sector and, as such, have HRH implications. These mechanisms and initiatives include the Country Coordinating Mechanism (CCM) of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), the Interagency Coordinating Committee (ICC) for Expanded Programme on Immunization, and implementing partners for the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. President's Malaria Initiative (PMI).

By utilizing the CCF strategies, the HRH committee can link into possible additional funding to address HRH issues. Formal links for systematic collaboration should be established with these mechanisms and programmes to ensure that HRH requirements of these initiatives are reflected in the country HRH plan.

Examples of practical steps to facilitate this collaboration include:

- Representation by the HRH committee on the CCM or ICC and participation when grant proposals are being developed;
- Ensuring that guidelines for including HRH needs in proposals are clear with a common understanding by all the concerned stakeholders; and
- Monitoring of the grant process and implementation by the HRH committee to ensure that the additional human resources required are provided.

ANNEX B: FUNCTIONS OF THE HRH COMMITTEE

The core functions of the HRH Committee include:

- ensuring that HRH priorities are identified and established as an essential component of the health system;
- promoting frequent dialogue and information sharing on developments in HRH with all concerned partners in resolving the HRH crisis;
- providing robust and transparent information on HRH that can be used for planning and management of the health workforce;
- advocating for adequate resources for health and for governments to adhere to commitments made to national and international goals and pledges on HRH;
- ensuring that HRH is prioritized during planning for health and proposal development and implementation, as well as in national strategies and budgets, such as the Medium Term Expenditure Framework (MTEF) and the poverty reduction strategy;
- equipping champions to promote the importance of HRH and its contribution to health systems development;
- establishing linkages with all public sector departments, private and civil society institutions that are involved with HRH;



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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 by the World Health Organization.

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