

**Report of the
Global Health Workforce Alliance Self Assessment**

June 2010

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Board of the Global Health Workforce Alliance

1. BACKGROUND

The Global Health Workforce Alliance ('the Alliance') brings together the full spectrum of public and private stakeholders to include national governments, international agencies, academic institutions, health care professional associations, finance institutions and civil society organizations working to enable "access for all to a skilled, motivated and equipped health worker" and to support the achievement of the health-related MDGs and universal access. As an Alliance, the GHWA is uniquely positioned to add value to global, regional, and country responses to health workforce challenges through its core functions to facilitate strategic **advocacy**, **brokering** knowledge and action, and **convening** diverse stakeholders towards common goals in human resources for health (HRH). These GHWA functions are known as ABC.

The Kampala Declaration and the Agenda for Global Action represent the common ground for collaboration among partners and members of GHWA, each of whom contributing to consensus and action on realities of - and solutions for overcoming - gaps in health workforce in countries. The GHWA Secretariat and Board have agreed a strategy for "Moving Forward from Kampala," which sets out direction for strategic engagement and deliverables through 2011. At the 9th Board Meeting in Bangkok, the Board reviewed and endorsed "Global Approach, Local Action - Strategic orientations for the 2010-11 biennium and beyond" (Doc. 4), emphasizing the Alliance's accomplishments so far, and the continued commitment to the founding goals, objective and vision of the Alliance.

The Board agreed a that a self assessment process will be undertaken during the first part of 2010, with focus to explore how partners and member understand the identity of GHWA, what they expect of it, and how GHWA can better leverage engagement and solutions through enhanced relations with partner and member organizations. This course of action is reflected in Decision Points 15 and 16 of the 9th Board Meeting:

- BM9/DP15: The Board approved the scope of work statement for self assessment developed during the group work (attached as Annex 7.1.1). It was decided that this will act as a self-analysis to contribute to a forward-looking exercise as the Alliance approaches the fifth year of its ten year mandate in 2011.
- BM9/DP16: A small group drawn from the Board and wider partnership/membership will work with the Secretariat in carrying forward this self- assessment, under the coordination of Gustavo Gonzalez-Canali. The self-analysis should be complete before the next Board meeting.

2. METHODS

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To accomplish the self assessment a group of board members volunteered under the leadership of Gustavo Gonzalez-Canali to interview different constituencies of the Alliance to get feedback on how the Board and GHWA can better leverage the Alliance partners' engagement and participation in HRH solutions and advocacy. The working group members were: Eric Friedman (civil society), Frances Day-Stirk (professional associations), Professor Kingue (African Governments), Estelle Quain/Jim Mc Caffery (donor governments), and Mary Ann Lansang and Sigrun (Partnerships).

Kathy Cahill was asked to facilitate the process by:

- setting up interviews with board and alliance members;
- working with Eric Friedman on developing and analysing survey results sent to alliance members; and
- drafting the findings and results from interview, survey and board members input.

The survey was sent to selected constituencies of the Alliance members based on the working group's discretion and knowledge of key partners. Thirty members responded to the survey. It was only open for members to respond from June 9-20 and given the short time frame it is a good response.

Interviews were conducted with current board members (4), alliance members (4) and partners (2). Interviews were confidential and comments are in alignment with overall findings of the survey.

3. FINDINGS

The interviews and survey results were overall very positive of Alliances performance to date and constructive in suggestions on how to improve the Alliances impact given the changing landscape of global health and HRH. Below are the observations and comments from the interviews and the results from the survey..

3.1 Comments and Suggestions from Interviews

The Alliance is the common denominator among the Health System Strengthening (HSS) initiatives (Global Fund, GAVI, World Bank, GHI, IHP+). GHWA should be viewed as the go to place for HSS initiatives and donors to get expert advice, evidence based information, best practices and general information on what is happening at country level.

The Alliance should continue to monitor progress of countries, donors, etc on Kampala Declaration. The second forum would be an opportunity to showcase progress or not from Kampala and refine a set of measurements for global health actors to agree upon moving forward. The model for this is the how Malaria has used the Abuja Declaration to monitor Malaria.

GHWA should utilize alliance members and others to assist countries thru development of small work groups who can help countries strategize and potentially provide technical assistance.

The Alliance partners can assist countries and donors in finding solutions to sustainability of workforce thru identifying true capacity building efforts vs. ad hoc or one time training efforts which are often not sustainable and do not lead to long-term improvements in the work force.

There is much to be done to improve human resources nationally and globally; given the resources, time and staffing of GHWA it will be important to come out of the forum with a set of well defined priorities for moving forward. GHWA must focus its activities in the next two years to a measureable set of impactful but achievable outcomes.

The Alliance's strengths has been its ability to convene and get consensus on important HR issues, examples include; Kampala declaration, work on community health workers, task shifting, and the many task forces it has assembled on critical policy and programmatic issues. It has acted as a catalyst to bring partners together to address many issues. The convener role should continue and emphasis should be on bringing partners together to get their support for critical HR issues.

The regional platforms are valuable and as evidenced by AAAH they have been an excellent venue for promoting regional technical assistance and advocacy for HR issues in countries. However, there is not uniformity across all regions of regional platforms. GHWA should continue to support the less developed platforms and provide them with tools and information that will support their abilities to advocate and provide technical assistance to countries.

GHWA has many partners and should continue to work with alliance members in identifying their abilities to provide support for HR activities at the global and national level. However, all partners are not equal and partners should be identified that can influence country action and that have power in convening and influencing governments. Professional groups, HSS partnerships, and disease specific partnerships can be strong advocates at country level to give voice to HR. GHWA can continue to provide information, examples of models of best practice in countries (Ethiopia case study) and support specific partners who are willing and have a common agenda for HR capacity building.

Communication to partners is not always frequent enough and more needs to be done on an ongoing manner to reach out to partners often and identify with them areas of mutual interest. Example 1: working with Global Fund to assist countries thru partners to develop HR plans in Round 10. Example 2: USG's Global Health Initiative (GHI) will be a new source of funds for HSS. GHWA will need to work with GHI on planning and finding a distinct role for GHWA and GHI to work together on HR issues.

Alliance members have huge potential to leverage linkages that will provide partners with information on best practices, policies that work, communication and assessment tools so that partners can influence and provide technical support to countries.

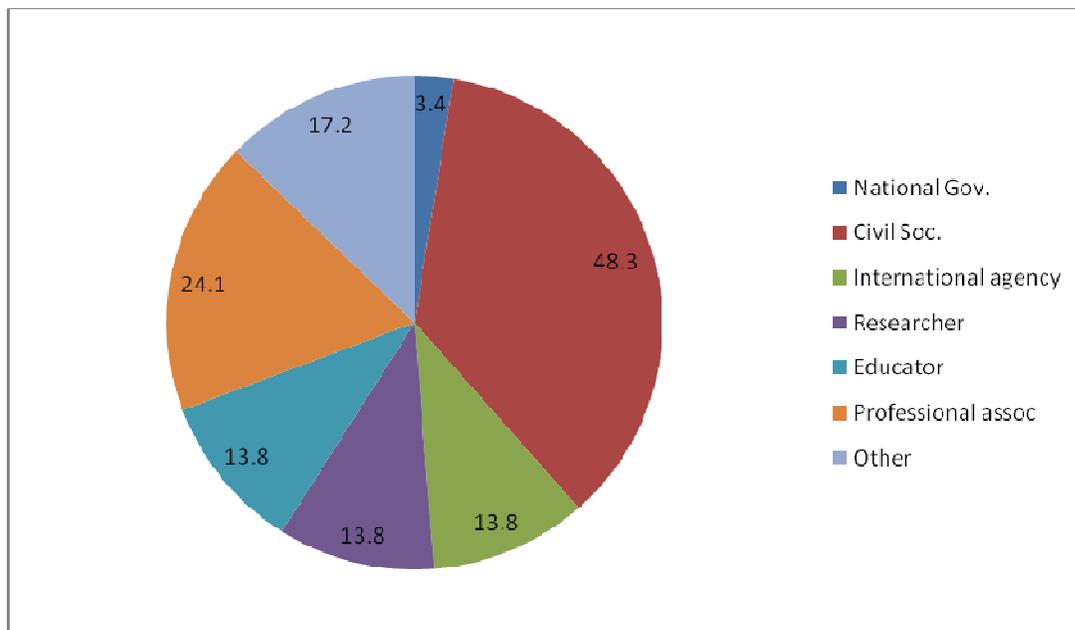
3.2 Results and Suggestions from Survey

The survey was organized around the GHWA functions, ABC's (Advocacy, Brokering knowledge and action and convening diverse stakeholders)

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There were 30 (31 – test survey = 30) total respondents to the survey which was available on line for less than 2 weeks. As indicated in Figure 1, 48% (14) of survey respondents were from Civil Society. Professional associations had the 2nd highest response rates, 24% (7). The other category with 17% (4) self identified themselves as a network of nurses and midwives (1) and NGO's (3). It appears that some people checked more than one box since there was total of 29 people who answered the questions but the response count per category was 39 responses. However, regardless of category respondents self identified with, it is clear that the majority of responses were from civil society..

Figure 1 Survey Respondents Representation



3.2.1 Advocacy

The number one response for “how can the alliance assist your organization in helping to promote HRH”, was access to materials and information on HRH solutions, tools, data and what’s working (74%). The second highest was “networking and collaboration opportunities through convening’s of topic specific meetings or task forces...” (70%). Comments from respondents were focused on:

- resources for research and multi-stakeholder communities
- civil society advocacy campaigns that create local coalitions to push donors (PEPFAR) to provide more resources for HRH
- lobbying to Governments for resources
- Using GHWA “voice” to speak out to global political entities i.e. G8, on inequities and rights of HCW

There were a total of 12 responses 8 of which were from civil society groups for the question “What materials, website information, task force reports, tool kits, meetings and other actions you have found useful...” Comments included:

- Web materials – HRH stats, country plans/case studies, tool kit for Health professionals, and news releases
- Kampala Declaration
- Education task force data
- CCF Ghana consultation and need more information from countries from CCF meeting
- FHI and MSH materials
- Tool kits/materials – human development, health professional education, policy studies on migration and positive practice environments

To the follow-up question: “What experiences, material and tools developed by your organization have you contributed to the Alliance” four people said nothing yet and the others listed:

- Case studies, tool kits, training materials, task shifting guidelines
- Participation in GHWA reference groups
- Political advocacy for PEPFAR to train 140,000 HCW
- Training programs

The advocacy questions highlight that many of the respondents were active participants in GHWA’s work either directly by providing materials, knowledge and advocacy or have utilized many of GHWA’s products and services. Most important in planning for the future is that alliance members want more materials on solutions, tools, data on what’s working at country level and networking opportunities to share information and knowledge across countries, regions, and globally..

3.2.2 Knowledge Brokering

The survey questions on knowledge brokering attempted to solicit information on specific materials, working groups, and meetings that alliance members have participated in or are aware of and how these products have been helpful to their organization. The number one resourced that members said they had used was HRH Action Framework (43%) followed by two products, Guidelines: Incentives for Health Professionals (40%) and Incorporating the Right to Health into Health Workforce Plans (42%). The one least used was the Toolkit for Using Round 10 of the Global Fund for Health Strengthening. However, this could be low because most respondents were civil societies and very few were national governments who would be more likely to use the tool.

The results for member’s participation in HRH task forces/work groups and technical meetings were ranked high. Over 54% of members had participated in Health Work Advocacy Initiative (HWAI) and 45% in the PPE campaign. This is probably due to the majority of respondents representing civil society. The other task forces and work groups had only minimum participation from respondents in most less than 20% with Tools and

Guidelines Working Group being the lowest participating (9%). However, 100% of respondents attended the Kampala Global Forum in 2008 and when asked if their organization benefited from any of the knowledge generated from any of the meetings, most said they have used material from Kampala, participated in online discussions, used recommendations and information to influence policies.

For moving forward, respondents' suggestions included:

- Data needed on targets and costing of targets is important for galvanizing advocacy, nationally and globally
- Funding opportunities for organizations to advocate in country, including funding GHWA staff in country to organize campaigns on specific HRH issues in countries and support for people from low resource settings to participate in task forces, meetings, etc.
- Make available all national health workforce plans and help with developing targets
- Need clear goals for members to engage and a communication strategy to rally all stakeholders similar to HIFA 2015.

Knowledge Brokering is a major need of many of the members who responded. People are pleased with the materials, meetings, and technical reports that GHWA has generated and shared. But at this critical period of HRH, awareness is high about the problems, but now members want more specific advocacy tools and knowledge, e.g. country plans, targets, common messaging and communication strategy and more technical meetings and work groups to influence policy and actions.

3.2.3 Convening Diverse Stakeholders

This section asked members what they want regarding specific topics, e.g. role of civil societies. The section also asked members about their expectations of the Alliance – what do they need as members –and how can your organization become more involved in the Alliance. The most interesting finding in this section was that they have high expectations of what they want from the Alliance and as defined in question 1, it is everything. They want more HRH related news, networking opportunities, participation in events and contributing to advocacy. When asked how the Alliance is contributing to fulfilling these expectations, many respondents were happy with the Alliance performance while the rest had various requests and concerns. The most common comment was to improve networking opportunities and global communications.

Respondents ranked high the choices on how they might become more involved with the Alliance, 78% said they wanted to reach out to other partners to become involved and raise awareness about the Alliance. Most respondents said they would be interested in a more in-depth discussion about how their organization could become more involved.

4. LIMITATIONS OF THE SELF-ASSESSMENT FINDINGS AND PROCESS

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The interview and survey findings have limitations due to the lack of respondents from various constituencies of the Alliance. The number of interviews conducted was small while the data collected from survey primarily reflects the views of civil society (almost the only respondents). Due to the limited nature of the sample therefore the findings should be viewed as not representative of the Alliance as a whole. There are a number of reasons for the limited sample:

- Although at the board meeting a workgroup was set up to conduct the self assessment (where various continuances have to be covered with the assistance of specific board members) but due to workloads and lack of a common approach, many assigned board members could not contribute as originally conceived.
- Due to the time limitations, a number of constituency representatives could not be reached for their active participation and contribution.
- There was not a sampling frame or group of Alliance members targeted for the survey or interviews. A pre-selected group of members from each constituency would have ensured a more representative sample and therefore results could have been comparable across different constituencies.
- The self assessment was intentionally not defined by a structured set of questions because the process was to be done by Board members and their time was limited. However, a set of specific questions could have been helpful for board members in discussing the assessment with colleagues and alliance members.
- The survey was designed with a set of structured questions, and would have been an excellent tool for assessing members ideas and inputs but unfortunately it didn't reach a number of important constituencies and there was not enough time to get an adequate response.