The global health workforce crisis: an unfinished agenda
Session report

24 October 2011; 12 noon to 1.30 pm - Langenbeck Hall
**Context**

The pivotal role of health workers in enabling countries to scale up access to health services and progress to achieve the health-related Millennium Development Goals (MDGs) has long been recognized. In 2006, the World Health Report drew attention to the global health workforce crisis and its dramatic impact in 57 priority countries affected by severe shortages, inequitable distribution, poor motivation and uneven performance of health workers, which hindered delivery of essential health services. This was followed, in 2008, by the first-ever Global Forum on Human Resources for Health, convened by the Global Health Workforce Alliance, in Kampala, Uganda and resulting in the adoption of the *Kampala Declaration and Agenda for Global Action*, an ambitious roadmap for global, national and local action to resolve the health workforce crisis.

Despite advances in bringing the health workforce to the fore in international health policy arenas, such as the adoption of the WHO Global Code of Practice on International Recruitment of Health Personnel, improved availability of knowledge and tools, and encouraging signs of commitments from many countries, health workforce bottlenecks continue to prevent many health systems from delivering essential health services.

At the Second Global Forum on Human Resources for Health, convened in early 2011 in Bangkok to review progress and renew commitments to solve the health workforce crisis, the general picture that emerged was that the level of progress in health workforce issues is still uneven, both in relation to different areas of health workforce development and across and within countries.

At the turn of the first decade of the 21st century, health systems are progressively broadening their objectives towards universal health coverage, seeking to enable access also by the most disadvantaged segments of the population, and extending the range of services to be covered from the ones of relevance to the MDGs to include also noncommunicable diseases. As the health development agenda is closely interlinked at global level, finding sustainable solutions to the health workforce crisis is in the best interest of developing and developed countries alike.

The World Health Summit, one of the foremost international high-level fora in healthcare, recognizes that strong health systems are the basis of all development. In the context of the programme for its 2011 event, therefore an opportunity was given to reflect on the global health workforce crisis as a specific area of focus.

**Program**

- **Chairperson welcome and opening remarks** Professor Keizo Takemi, senior fellow at the Japan Center for International Exchange, Japan
- **Keynote speech**: Challenges and solutions in tackling health workforce challenges: experience from Ghana. Dr Frank Nyonator, acting DG Ghana Health Service.
- **Panel discussion** moderated by Dr Mubashar Sheikh, Executive Director Global Health Workforce Alliance:
  - Ms Birgit Wendling (Deputy Head of Division, Health; Population Policies, Federal Ministry for Economic Cooperation and Development, Germany)
  - Ms Mareike Haase (Advocacy Officer Terres des Hommes Germany - Action for Global Health)
  - Ms Ulrika Rehnstrom (Midwifery specialist, UNFPA South Sudan)
- **Q&A** with the audience (moderated by Dr Mubashar Sheikh)
- **Wrap-up** by Chairperson (Professor Takemi)
**Opening remarks**

Professor Takemi highlighted how over the past decade, there has been a growing awareness of the serious consequences of health workforce shortages and the imbalances in health systems. The Joint Learning Initiative in 2004 and the WHO World Health Report in 2006 drew attention to health workforce challenges, leading to the launch of the Global Health Workforce Alliance in 2006. Since then health workforce issues have had greater prominence in fora such as the G8, UN High Level Meetings, the first and second global fora on human resources for health, the World Health Assembly, which adopted in 2010 the WHO Global Code Of Practice On The International Recruitment Of Health Personnel, and others.

The dialogue has forged ahead also on a more technical level: for example more evidence is now available on rural retention of health workers and some aspects of task-shifting, where duties traditionally carried out by doctors and nurses are delegated to other categories of health worker.

However there are also threats to the gains made, first and foremost the global financial and economic crisis that has put an end to the decade-long upward trend of funding for public health, with the likely stagnation of both domestic and international resources in the years to come, and the demographic and epidemiologic transition, adding the burden of non-communicable diseases on already stressed health systems.

This is no time for complacency: there have been encouraging signs of improvement in many countries, but progress is still uneven, both in relation to different areas of health workforce development and across and within countries.

**Keynote address**

Dr Frank Nyronator, acting Director General of the Ghana Health Service, shared an example of how a country can comprehensively and systematically tackle its health workforce challenges. In the early 2000s, Ghana was confronted with a health workforce situation characterized by widespread shortages, maldistribution, uneven performance and motivation, and high attrition of its health workforce. In response, the Government launched a health workforce strategy for 2007-2011, which entailed a set of interconnected strategies, inspired by global best practices:

- Production capacity was increased, with increased numbers of health workers graduating from medical and other training schools;
- Particular emphasis was given to cadres in greatest shortage, and with a view to optimizing and making more efficient the skills mix, and integrating non-allopathic providers;
- Local evidence was generated to guide workforce planning and development; and
- Various complementary strategies were adopted to improve working conditions, including better terms and conditions, supportive supervision and performance management, continuous professional development and career progression opportunities, improved regulation and accreditation.

As a result, the health workforce situation has dramatically improved, with increased production of doctors, a better density of nurses and midwives, strengthened capacity of training institutions, improving quality standards, dramatically reduced attrition.

A key lesson learnt relates to the need for appropriate engagement of a range of stakeholders (including also partners other than government, and actors outside the health sector), and of high-level Government commitment.

Challenges have included the increase in costs related to the wage bill.
Summary of panel discussion

Dr Mubashar Sheikh moderated the panel discussion focused on how different stakeholders can contribute to solving the health workforce crisis.

Ms Birgit Wendling, of BMZ, gave examples of how development partners can support the development, funding and implementation of national health workforce strategies, for instance through the provision of technical assistance, the co-funding of national health workforce strategies through channels that allow harmonized, long-term and predictable support (especially through sector-wide approaches - SWAPs), the substitution of qualified workforce through integrated experts to fill gaps, reintegration programmes which facilitate the return of experts from developing countries to their countries of origin and, last but not least, the support to collaborative initiatives like the Global Health Workforce Alliance.

Ms Ulrika Rehnstrom, of UNFPA, presented the health workforce challenges in South Sudan. This new country has only 10 qualified midwives for a population exceeding 8 million; a complex set of cultural and health system challenges stand in the way of producing more of this cadre, which is critical to achieve progress in the reduction of maternal and newborn mortality. Ms Rehnstrom also shared the experience of UNFPA, which, in collaboration with the International Confederation of Midwives, is implementing a programme to strengthen midwifery services in some 30 countries across world regions to increase numbers and competencies of midwives, and improve the rate of skilled birth attendance.

Ms Mareike Haase highlighted the critical role that civil society can play to facilitate a comprehensive health workforce response, through its advocacy, by holding governments and development partners to account for their commitments. Countries should give civil society actors more space and the opportunity to participate in all phases of workforce planning and development, and to establish relevant feedback processes that can improve national responses.

Dr Mubashar Sheikh explained, as part of the interaction with the panel, that the Global Health Workforce Alliance is a global partnership focused on addressing health workforce challenges at country, regional and global levels, working to raise attention and commitment to the issue, to facilitate the adoption of relevant policy and investment decisions, and to convene different stakeholders to collaborate on effective solutions.

The interaction with the audience allowed exploring in more depth some health workforce issues which may be particularly challenging and which may require specific attention:

- For example the integration of non-allopathic providers can be problematic, in the absence of a clear competency framework. Possible answers may include setting up dedicated councils, re-training them through courses at university level which can standardize their competencies, so as to guarantee the possibility of a "soft landing" and their full integration in the health system.

- Another issue which is not emphasized often enough is that of gender: solutions must be developed through a bottom-up and tailored approach to ensure improved working conditions and better career pathways (all the way to the most senior level positions) for female health workers.

- Regional partnerships and south-south collaboration mechanisms have great potential to foster exchange of ideas and best practice, collaboration at the operational level (e.g. through pooling of training infrastructure), and peer-review and mutual accountability.

- International migration of health workers and difficulties in deployment or retention of health workers in rural and neglected areas are challenges that affect countries all over the world (including high-income ones as Germany). High-income countries should not actively recruit health personnel from developing countries facing a shortage, but rather scale up domestic production to meet domestic needs, and put in place adequate incentives and working conditions to meet their needs in terms of both density and distribution of health workers.
Key messages

An adequate and performing health workforce is required for the achievement of the health MDGs; many health systems, however, especially in fragile countries, fall short of basic staffing requirements, and are faced with many unanswered questions on health workers production, deployment, remuneration, retention and motivation. A part of the problem is due to health workforce migration based on economic interests.

Progress can be made through the concerted action of stakeholders, including civil society, public-private partnerships. Government stewardship, ownership and commitment are key to facilitate the necessary coordination of actors and overcome bureaucratic difficulties. Ghana, for instance, is tackling in a systematic manner its challenges through a comprehensive strategic framework for health workforce development, which has full government commitment and ownership.

Improving supply and quality of health workers, and facilitating their retention through adequate supporting measures are crucial. The integration of non-allopathic providers and gender mainstreaming require specific attention.

Development partners have an important role to play through technical assistance and by co-funding national health workforce strategies through channels that allow harmonized, long-term and predictable support.

Regional networks provide an opportunity for exchange of best practices and south-south collaboration.

The Global Health Workforce Alliance provides a platform for collaboration at global, regional and country levels, working to raise attention and commitment to the issue, to facilitate the adoption of relevant policy and investment decisions, and to convene different stakeholders to work together on effective solutions.

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