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MESSAGE FROM THE EXECUTIVE DIRECTOR



Dear readers,

These are truly exciting times as the Global Health Workforce Alliance marks its fourth anniversary.

In a historic move, the 63 World Health Assembly adopted the WHO Code of Practice on the International Recruitment of Health Personnel. Our recent global consultation on Community Health Workers, in Montreux, Switzerland, 29 – 30 April 2010, successfully developed evidence backed key messages for countries to consider for integrating community health workers into their national health systems plans. Our annual report for 2009 is fresh off the press. Please do not hesitate to contact us if you wish to avail a copy. In our efforts to reach out to a wider audience, I am delighted to announce that our French website is now functional. Spanish, Russian and Arabic language

versions will be available shortly. Preparations for the 2nd Global Forum on HRH are progressing steadily. The Forum Steering Committee and the coordinators will meet in Tokyo this month to finalize the conference program. The program will be structured around the Kampala Declaration and the Agenda for Global Action and will also take into account feedback received from the online survey conducted in August 2009.

The Alliance also actively engaged in the recent high level Conferences in Washington (2010 Women Deliver and Countdown to 2015 Conferences and the Symposium on Strengthening Midwifery). These conferences have clearly demonstrated more political and financial commitment than ever before to resolve this crisis. We have the momentum now. We must pull together and direct all our efforts to translate this momentum into concrete, immediate and sustained action. I count on you for your continued commitment and support.

Dr. Mubashar Sheikh ■

NEWS

ETHICAL PRINCIPLES FOR THE INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL

Within Kampala Declaration and the Agenda for Global Action, migration, and the acceleration of a Code of Practice on the International Recruitment of health personnel were specified among the fundamental action strategies for resolution of the health workforce crisis.

In a landmark achievement, the voluntary WHO global Code of practice on the international recruitment of health personnel was adopted at the 63rd World Health Assembly. The Code's preamble, notes that health worker migration is "a major threat to the performance

Continued on page 2.

Ethical principal – Continued

of health systems and undermines the ability of these countries to achieve the Millennium Development Goals”. It provides Member States with ethical principles for international health worker recruitment that contribute to strengthening health systems of developing countries.

The Code is not about halting migration, but more a matter of managing it - about balancing the individual right to leave any country, including their own, in search of better opportunities and the right to health in source countries. While it discourages States from actively recruiting health personnel from developing countries that face critical shortages it instead encourages the “circular migration of health personnel” to maximize skills and knowledge sharing. It also calls for equal rights of both migrant and non-migrant health workers. Bilateral agreements between ‘importing’ and ‘exporting’ countries will seek to protect the rights of the health worker and offer some guarantee of employment level in the ‘importing’ country. This will account for responsible, regulated management of migration with a critical aim that all countries move towards self-sufficiency.



With this step, the world’s nations acknowledge the global dimension and complexities of the health workforce crisis and the interconnected nature of both the problems and the solutions. In moving forward, the Alliance, in partnership with WHO, calls upon Member States and all its partners to work together in implementing the Code and support monitoring and evaluation of actions taken as it will make an important contribution towards addressing the global health workforce crisis. ■

EVALUATING THE KAMPALA DECLARATION AND THE AGENDA FOR GLOBAL ACTION (KD/AGA)

Since September 2008, the Alliance has been engaged in developing a mechanism to monitor the implementation of the KD/AGA in crisis countries and worldwide. A set of 31 indicators were identified against which to measure progress in the 57 crisis countries. In its efforts to create a baseline, the Alliance and WHO, in 2009, commissioned the Royal Tropical Institute (KIT), Netherlands, to carry out a desk study to review policies and practices related to HRH in the 57 countries. This was the first attempt at objectively measuring the implementation of the KD.

The baseline results show clearly that while most countries had mechanisms in place for providing government leadership, such as an HRH plan or an HRH unit for addressing HRH issues, most did not have adequately functioning HRH information systems. While countries had received donor support, there was not much evidence of coordination mechanisms to harmonize this support.

Against this baseline, the Alliance has now embarked on monitoring the progress, the first results of which will be available in early October. The monitoring process consists of three parts:

- Quantitative information on 9 progress indicators (reduced from the 31 indicators of the baseline) for all 6 strategies of the Agenda for Global Action is being collected through a questionnaire
- Qualitative information is being collected through case studies of best practices in HRH for which we invite development partners and countries to submit and contribute.
- The HRH Awards at the Second Global Forum will reinforce the implementation of KD/AGA. The forum will honour successful country case stories, (which best correspond to the overall strategies of the Agenda for Global Action) and individual health workers with prestigious HRH awards. (See section on the Second Forum, on page 8 for detailed information on the HRH awards)

The monitoring of the Kampala Declaration which is critical for progress will help gauge the effectiveness of policies, interventions and financial flows. The Second Global forum on HRH will provide a platform to review progress made in fulfilling these commitments outlined in the Kampala Declaration and the Agenda for Global Action. ■

G8 MUSKOKA INITIATIVE FOCUSES SPOTLIGHT ON MATERNAL, CHILD AND NEWBORN HEALTH, BUT DOES NOT ADEQUATELY RECOGNIZE THE CENTRAL ROLE OF HEALTH WORKERS



The G8 nations, led by its Canadian host at the Muskoka 2010 Summit, announced the Muskoka Initiative, pledging to mobilize US\$ 5 billion additional funding over the next five years to

accelerate progress on MDG 4 and 5. It calls upon other governments and foundations to join the Initiative by committing additional funding and expects to mobilize over US\$ 10 billion in the period 2010-2015.

While the initiative focuses efforts on training medical personnel - retention and equitable distribution of health personnel across urban and rural areas remains a severely neglected aspect. The Alliance is stepping up its advocacy to increase awareness of and influence the recognition of the need for a clear strategy and funding support that ensures scaling up, retention, and equitable distribution of health personnel, including those with midwifery skills.

Although a welcomed commitment, the pledge for an additional US\$ 5 billion over 5 years, is far less than the minimum of an additional US\$ 4 billion needed per year needed from OECD countries as estimated by the draft UN led Joint Action Plan for Women's and Children's Health, based on WHO figures. The Alliance calls for an allocation to human resources within this pledge, and looks forward to tracking the dollars spent on health workers within the proposed accountability framework of the G8.

The Muskoka Initiative is expected to add momentum to the UN led Joint Action Plan to Improve the Health of Women and Children and the growing coalition of advocates at the UN MDG summit in September 2010.

The Alliance urges its members, partners and all stakeholders to join forces in mobilizing policy attention and action towards ensuring equitable access to this life saving workforce especially in the run up to the UN MDG Summit in September 2010. ■

IN BRIEF

ALLIANCE INVOLVEMENT IN THE 2010 WOMEN DELIVER AND COUNTDOWN TO 2015 CONFERENCES AND THE SYMPOSIUM ON STRENGTHENING MIDWIFERY

The Alliance co-sponsored (with UNFPA, ICM, WHO, GHWA, JHPIEGO, FIGO, UNICEF and the World Bank) a Symposium on Strengthening Midwifery in Washington DC, from 5-6 June. At the Symposium, the Alliance organized a panel discussion on scaling up midwifery services within national health human resource planning, with the objective of sharing experiences and contribute to recommendations on scaling up midwifery skills in the context of health workforce planning and management. The symposium produced a joint call to action on strengthening midwifery. The call to action can be viewed at:

http://www.who.int/workforcealliance/media/events/2010/midwifery_jointstatement.pdf

The Alliance also actively engaged in the 2010 Women Deliver and Countdown to 2015 conferences, where Executive Director, Dr. Sheikh provided an analytical overview of the critical HR problems, future estimates and skills at a panel discussion entitled - *The role of professional associations in improving maternal and newborn health*. The Alliance also contributed to the Lancet review on maternal, newborn and child survival, and the Countdown to 2015 Decade Report. ■

ALLIANCE CHAMPION LORD CRISP AT THE 2010 COMMONWEALTH HEALTH MINISTERS ANNUAL MEETING

Alliance champion Lord Nigel Crisp participated at the recently concluded 2010 Commonwealth Health Ministers annual meeting in Geneva, Switzerland, where he spoke on health systems strengthening. The theme of the Meeting was *'The Commonwealth and the Health MDGs by 2015'*. Ministers at the meeting called on the global community, especially the G8 and G20, to support maternal and newborn health programmes,

and to meet MDGs 4 and 5. They particularly called for support to meet the target of 90 per cent of births being attended by skilled health workers by 2015. Lord Crisp's presentation focused on how health systems can be strengthened to meet the MDGs, highlighting the need for co-development and mutual learning between richer and poorer countries, as outlined in his book "Turning the world upside down". ■

COUNTDOWN TO 2015 DECADE REPORT

According to the newly released Countdown to 2015 Decade Report (2000-2010), every year, a lack of skilled attendants at birth accounts for two million preventable maternal deaths, stillbirths and newborn deaths. The report shows that nearly 50 percent of women in the 68 countries (tracked in the Countdown report) still give birth without the aid of a trained midwife, nurse, doctor, or other skilled birth attendants. Most of these countries are in Sub-Saharan Africa and South Asia. The Report concludes that achieving MDGs 4 and 5 is still possible by 2015, but only with a dramatic acceleration of political commitment and financial investment. While many countries are making progress in increasing coverage of effective health interventions faster and reducing mortality, many are still off track for achieving MDGs 4 and 5 and are not increasing coverage of key health interventions quickly enough. The 2010 report reviews progress over 2000–2010. To download the full report or the brochure see <http://www.countdown2015mnch.org/reports-publications/2010-report>. ■



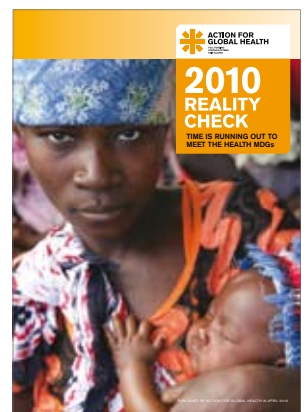
WOMEN ON THE FRONT LINES OF HEALTH CARE



In commemoration of Mother's Day, Save the Children published its eleventh annual State of the World's Mothers report entitled *Women on the Front lines of Health care*. The focus of the report is on the critical shortage of health workers in the developing world and the urgent need for more female health workers to save the lives of mothers, newborn babies and young children. The report identifies countries that have invested in training and are deploying more female health workers and shows how these women are delivering lifesaving health care to some of the poorest mothers and babies. It identifies strategies and approaches that are succeeding in the fight to save lives, and demonstrates that effective solutions to this challenge are affordable – even in the world's poorest countries. The report can be downloaded at <http://www.savethechildren.org/publications/state-of-the-worlds-mothers-report> ■

2010 REALITY CHECK

On World Health Day 2010, a new report from Action for Global Health – 2010 Reality Check – urged EU leaders to commit 0.1% of GNI to ensure universal access to healthcare for people in developing countries which will provide concrete support to the fight against poverty-related but preventable illnesses such as HIV, TB, death in childbirth and child mortality. The report suggests that by focusing on free healthcare, strong medical work forces and community participation, EU leaders can and should recognize the crucial importance health plays in enabling societies to progress and develop. ■



NEXT ONLINE DISCUSSION – HRH POLICY ASKS FOR HEALTH MDGs – 12 - 14 JULY

The Alliance continues to support a virtual global discussion forum for a community of practice called HRH Exchange, where topics relating to human resources for health are discussed among experts, practitioners and policy makers. The next online discussion will focus on key HRH policy and advocacy messages of relevance to the health MDGs. The inputs into the discussion will form the basis of our advocacy messages and messaging on health workforce in the lead-up to the UN MDG Summit in September 2010 and beyond. The discussion will take place from 12-14 July. If you are not already a member of HRH Exchange you can join by registering at <http://my.ibpinitiative.org/public/Register.aspx?c=d23657d3-0a7e-476c-a1b3-edc4923e321d>. ■

FEATURE

The message below was sent out by the Executive Director when the Alliance marked its 4th anniversary on 25 May, 2010. We'd like to take this opportunity to thank all of you who have been tireless working with us to keep the health workforce crisis on the global agenda.

The Global Health Workforce Alliance marked its fourth anniversary on 25 May this week. The Alliance has come a long way since its inception and has uniquely positioned itself in the response to health workforce challenges through its core functions to facilitate strategic advocacy, brokering knowledge, and convening diverse stakeholders (better known as the ABCs of the Alliance).

The Alliance's unique catalytic role was once again established in the successful adoption of the voluntary WHO global Code of practice on the international recruitment of health personnel at the sixty-third World Health Assembly, 17-21 May 2010. The process initiated by the Alliance through the Health Workforce Migration Initiative in 2007 came a full circle.

The Alliance was established in 2006, following years of work by the research community, including the Joint Learning Initiative, providing strong evidence on the need for a global partnership to steer the efforts to address the chronic shortages in human resources for health, specifically in 57 priority countries in Asia, Africa and Latin America.

In March 2008, the Alliance convened the first-ever Global Forum on Human Resources for Health (HRH). Over 1,500 participants came together in Kampala, Uganda, to share experiences on the response to the health workforce crisis and to build networks, consensus and capacity. The Forum culminated in the endorsement of the *Kampala Declaration and Agenda*

for Global Action--a framework which is successfully guiding action on human resources for health over the next decade.

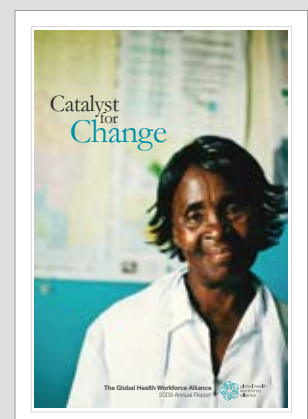
The Alliance has helped keep HRH on the agendas of decision makers, health partnerships and development partners through active engagement with a range of natural allies and civil society partners, under the umbrella of the Alliance "Health Workforce Advocacy Initiative". Since then it has also witnessed increasing high level recognition of human resources as an issue - the G8 Summits in 2008 and 2009 made reference to the Kampala Declaration and the Alliance and its partners.

The Alliance has been supporting action in countries through the CCF - *the Country Coordination and Facilitation* process through which national governments can convene intersectoral actors (government, multilateral agencies, private sector, bilateral partners, civil society, academia and professional associations) and catalyze broad based action on human resource issues in the country. Governmental institutions required to engage in actions on HRH include not only the health but also education, labour, public service and finance ministries, among others.

Looking ahead, the Alliance along with the Prince Mahidol Conference, the World Health Organization and the Japan International Cooperation Agency will jointly convene the Second Global Forum on Human Resources for Health in Bangkok, Thailand from 25-29 January 2011. The Second Forum will review and assess progress made on the *Kampala Declaration and Agenda for Global Action*, celebrate and award individual and organizational successes achieved, identify new and emerging challenges requiring actions and further advance the global 'movement' that has emerged as a response of the HRH crisis. ■

OUT NOW! CATALYST FOR CHANGE: 2009 ANNUAL REPORT OF THE GLOBAL HEALTH WORKFORCE ALLIANCE

The 2009 Annual report of the Alliance is now out! Structured around the six strategic directions laid out for 2009–2011 in the document *Moving Forward from Kampala*, the Annual Report aims to feed back its experiences, achievements and lessons learnt and poses questions for the future. To avail a hard copy, please write to us at ghwa@who.int. ■



SAVE THE DATES / ANNOUNCEMENTS

GLOBAL HEALTH WORKFORCE ALLIANCE AT AIDS 2010, VIENNA



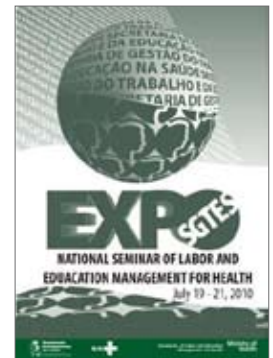
The Alliance is co-organizing (with UNAIDS and PEPFAR) a satellite session at the XVIII International AIDS Conference in Vienna. The session entitled “Health Workforce - a bottleneck and priority to achieve HIV Universal Access” will take place on Wednesday 21 July 2010, from 6:30-8:30 pm. Distinguished

guest speakers will present the findings of the Technical Working Group on Human Resources for Health and Universal Access to HIV treatment, prevention care and support. It will also be an opportunity to hear first hand innovative experiences from countries and to promote global thinking about HIV/AIDS and Health Workforce issues for mutually beneficial outcomes. More information is available on our website at: <http://www.who.int/workforcealliance/media/events/2010/aids2010/en/index.html>. ■

EXPO SGTES 2010, BRASÍLIA, DF

As the largest gathering of health labour and health education management professionals of Brazil, EXPO SGTES 2010 will showcase of the achievements of Brazilian human resources for health (HRH) policies and experiences regarding labour issues and education of health workers. The EXPO will run from 19 – 21 July. Hundreds of health training programs and schools will be present, along with other HRH stakeholders, coming together to review the achievements of the

past seven years as well as discuss current challenges and future endeavours under the leadership of the Secretariat of Labour and Education Management for Health (SGTES) of the Brazilian Ministry of Health. ■



5TH ASIA-PACIFIC ACTION ALLIANCE ON HUMAN RESOURCES FOR HEALTH (AAAH) CONFERENCE, BALI

The 5th AAAH Conference - the theme of which is *HRH Challenges for Achieving MDGs* will take place from 4-6 October 2010, in Bali, Indonesia. The Conference aims to address and discuss HRH challenges to achieving MDGs and provide input into the planning for the Second Global Forum. The Alliance will hold a pre-conference session on *Implementing the*

HRH Action Framework (HAF) within the Country Coordination and Facilitation (CCF) and will also coordinate two parallel sessions around the monitoring and evaluation of Kampala Declaration and Agenda for Global Action as well as Community Health Workers. More information on the Conference can be found at: <http://www.aaahrh.org> ■

MEMBERS IN THE SPOTLIGHT

TOOLKIT FOR GLOBAL FUND ROUND 10

The current funding round (Round 10) of the Global Fund to Fight AIDS, Tuberculosis and Malaria provides applicants with an excellent opportunity to secure funds for critically needed health systems strengthening. Physicians for Human Rights (PHR) and the Health Workforce Advocacy Initiative (HWAI), an international civil society-led coalition supported by the Alliance, have collaborated with Health Systems 20/20 to develop a Health Systems Strengthening Toolkit for Global Fund Round 10 Proposals. The aim of the toolkit is to support applicants in including health systems strengthening interventions in their proposals. The toolkit includes detailed information

on how to use the Global Fund to support health systems strengthening, key opportunities that the Global Fund presents, technical support providers to assist applicants in developing proposals, background information on health systems and the health workforce, as well as information on community systems strengthening. Information is also available to support countries in developing approaches to their health workforce and health systems that are grounded in human rights. All information on the toolkit is available at: <http://www.physiciansforhumanrights.org/right-to-health/globalfund-round10.html> ■

AMREF'S INNOVATIVE ELEARNING LAUNCHED IN UGANDA



AMREF recently launched an eLearning project which is designed to rapidly and cost effectively upgrade the skills of nurses and health workers across Uganda. By fast tracking the training of registered nurses, this eLearning project seeks to enhance the capacity of Uganda's health system. The eLearning model, has been tried and tested in Kenya, and is now

being replicated in Uganda. AMREF's Kenyan programme commenced in September 2005 with a pilot of 4 schools and 145 students and aims to upgrade 22,000 Enrolled Community Health Nurses (KECHN) from 'enrolled' to 'registered' level within 5 years. AMREF hopes to continue the replication throughout East Africa and beyond. ELearning was the preferred mode due to its interactivity, cost effectiveness, ease of revision and ability to achieve the goal in less time and at a lower cost than the residential programme. ■

TRAUMA AND EMERGENCY MEDICINE TRAINING COLLABORATION IN ZAMBIA

The Global Emergency Care Skills (GECS) in partnership with the College of Surgeons of Eastern Central and Southern Africa (COSECSA) / Royal College of Surgeons of Ireland (RCSI) Surgical Training Collaboration programme recently provided a resuscitation and trauma skills course for healthcare in Lusaka University Teaching Hospital, Zambia. The GECS course covered trauma and emergency care of both adult and paediatric patients. Trauma and injury account for over 5 million deaths each year, over 90% of which occur in low to middle income countries

where health care systems are least prepared to respond. To address this often neglected burden of disease, the curriculum was tailored to local epidemiological patterns of injury and illness and to available local healthcare resources. An on-line learning programme consisting of lecture series and interactive case studies was also established as a resource for participants on COSECSA's e-learning platform (<http://www.schoolforsurgeons.net>) enabling course participants to keep their skills updated after the course. ■

As a member of the Alliance would you like to be featured in this section? We'd love to hear from you and strongly encourage you to send in your news contributions to us on a regular basis. ■

COUNTRY COLLABORATION AND FACILITATION (CCF)

CENTRAL AND SOUTH AMERICAN REGIONAL SENSITIZATION MEETING ON CCF, 4 - 6 MAY, EL SALVADOR

Building on the regional meetings held in 2009 in Anglophone and Francophone Africa and in Asia, a CCF regional sensitization meeting – *Primary Health Care and HRH planning process: challenges of intersectoral coordination* - was held in El Salvador. It was attended by countries in the Latin America region (Bolivia, Brazil, Ecuador, El Salvador, Guatemala, Honduras, Paraguay, and Peru). This was the first time that a wide variety of stakeholders came together on human resources in the region. The Alliance presented the document "Good

Practices on Country Collaboration and Facilitation" and shared with participants the outcomes of the 2009 CCF consultation meetings held in Africa and Asia. The meeting, which was organized by the Global Health Workforce Alliance and the Pan American Health Organization (PAHO/WHO) adopted the "Salvador Declaration" targeted at strengthening intersectoral collaboration for making available qualified health workers and contributing to the region's objective of universal coverage of Primary Health Care. ■

CAPACITY BUILDING MEETING FOR COUNTRY COORDINATION AND FACILITATION FOR HUMAN RESOURCES FOR HEALTH, 12-15 JULY, CAIRO, EGYPT

The Alliance along with the WHO office for the Eastern Mediterranean is holding an institutional CCF capacity building meeting in Cairo from 12-15 July. The meeting will review issues in implementation of country CCF plans. It will also help prepare countries to use tools developed by the Alliance for improving the HRH planning process and implementation of HRH plans. The meeting will bring together Ministries of Health,

HRH focal points, local and regional institutions, and country partners involved in the country coordination and facilitation strengthening activities from the 17 countries receiving catalytic support for 2010. These include: Afghanistan, Comoros, El Salvador, Eritrea, Morocco, Papua New Guinea, Paraguay, Peru, Cameroon, Indonesia, Mali, Nepal, Nigeria, Pakistan, Sierra Leone, Zambia, and Zimbabwe. ■

VOICES

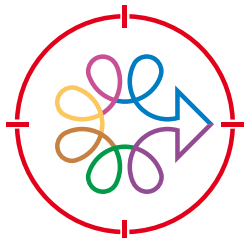


- “I traveled to Malawi in January, and the walls at the hospitals were covered with a poster that said, ‘No mother should die during childbirth’. In Malawi, those words are more than just a public health message. They represent a commitment by the government to make sure that every mother gives birth in a health facility, cared for by trained medical staff. – **Melinda Gates, co-chair of the Gates Foundation at the 2010 Women Deliver Conference, Washington DC, June 2010.** ■



- “You reached agreement on some items that are a real gift to public health, everywhere.” **Margaret Chan, WHO Director-General**, at the closing session of the 63rd World Health Assembly, May 2010. (which adopted resolutions on a variety of global health issues including the global WHO Code of practice on the international recruitment of health personnel). ■

THE SECOND GLOBAL FORUM ON HUMAN RESOURCES FOR HEALTH



Second Global Forum on
Human Resources for Health
25-29 January 2011
Bangkok, Thailand

The Second Global Forum on Human Resources for Health is being convened by the Global Health Workforce Alliance, the Prince Mahidol Award Conference (PMAC), the World Health Organization (WHO) and the Japan International Cooperation Agency (JICA), supported by many other agencies, especially the Rockefeller Foundation, the China Medical Board and the World Bank. The Forum will be held in Bangkok, Thailand from 25 - 29 January, 2011.

Forum objectives

The Forum will build upon the successes achieved in Kampala and will provide a platform to review progress made in fulfilling the commitments outlined in the Kampala Declaration and the Agenda for Global Action. It will be an opportunity to further galvanize and accelerate the global movement on HRH towards achieving the Millennium Development Goals and Universal Health Coverage.

Forum theme

The principal theme of the Forum is - Reviewing progress, renewing commitments to health workers towards MDGs and beyond. Building on this theme, the planned plenary sessions are:

- From Kampala to Bangkok: Marking progress, forging solutions
- Leadership, governance and coordination for universal access to supported health workers
- Innovations in HRH that support strengthening of Health Systems

Expected outcomes

- Sustaining the global movement on HRH and sharing of knowledge and experiences
- Agreeing and understanding the progress made since Kampala through measured concrete examples of global and country actions
- Coping with new and emerging issues and challenges requiring action and response

Forum structure

The Second Global Forum will comprise of four core groups of activities:

- Pre-conference: 25-26 January - side meetings, field visits
- HRH main conference: 27-29 January - keynote addresses, thematic plenary and parallel sessions, HRH awards ceremony
- Post-conference: 29 January - the forum of Alliance members, monitoring and evaluation of the forum and follow-up activities
- Multi-day non-stop activities - skill building workshops, market place, poster presentations ■

HRH AWARDS

The forum will honour successful country case stories and individual health workers with prestigious HRH awards. This is the first time that such recognition will be conferred to human resource efforts. While the *Awards for Excellence* (case stories) will recognize the innovative, novel and dedicated implementation of the Kampala Declaration and the Agenda for Global Action, the *Special Recognition Awards* aim to recognize outstanding and dedicated health workers, with a focus on medical doctors and nurses/midwives/community health workers

Awards for Excellence (for case stories)

The Awards for Excellence will be given to case stories (preferably but not limited to those that commenced after February 2008), that demonstrate success in addressing health workforce issues based on one or

more strategies of the Agenda for Global Action. (eg. innovative methods in improving the health situation through actions on the health workforce; improved access to the health workforce; innovative incentives and motivation for HRH; innovative education of HRH.)

Special Recognition Awards (for health workers)

This Award will recognize two categories of outstanding and dedicated health workers - medical doctors and nurses/midwives/community health workers. It will be awarded to health workers that demonstrate great dedication on certain specific public health issues; provide quality services in hardship areas; show outstanding innovative methods or adaptation of methods; and/or show continuous commitment for a sustained period of at least 5 years. ■

SUBMISSIONS

Submissions for Awards for Excellence:

Case stories should be no longer than 2,000 words - preferably, in a narrative style rather than in technical prose. There is no specific format requirement for the case stories. A short video of no more than 10 minutes may be included in the proposal. Case stories can be submitted by countries, organizations or development partners.

Submissions for Special Recognition awards:

Countries, development and Alliance partners are encouraged to propose two outstanding candidates per country, one from each category. The proposal should provide details of the candidates' profiles and

outstanding achievements as well as the transparent and participatory mechanisms involved in selecting the two candidates. The length of the proposal should be no more than 2,000 words. A video of not more than 10 minutes may be attached to the proposal. (Countries may also create a country special recognition award to these two candidates so that they are first recognized at the country level).

All submissions must be made electronically to global-forum@who.int. Submissions will be accepted until 30 September, 2010. Proposed candidates will be considered for participation at the Second Global Forum. The awarding ceremony will be held at the closing session of the Forum. ■

MARKETPLACE

Organizations interested in exhibition space must send a formal request to the PMAC secretariat pmaconference@mahidol.ac.th by 30 July 2010. Exhibition space will be allotted on a first-come first-serve basis. The market place at the forum will consist of three sections - one dedicated to honouring

health workers receiving the "Special Recognition Awards"; another for showcasing the case studies in implementing the Kampala Declaration and Agenda for Global Action which have been selected to receive the Award of Excellence; and, a third section will showcase the HRH work of development organizations. ■

IMPORTANT DEADLINES

Applications for marketplace – 30 July 2010

Applications for Awards for Excellence and Special Recognition Awards – 30 September 2010 ■

GHWA ASKS

MS MAXENSIA NAKIBUUKA TAKIRAMBULE A COMMUNITY HEALTH WORKER FROM UGANDA



At the Global Consultation on Community Health Workers (CHWs) in Montreux, Switzerland - Alliance Communications caught up with Ms Maxensia Nakibuuka Takirambule a Community health worker from Uganda on her views. Note that these are Ms. Takirambule personal views and may not necessarily represent those of the wider CHW community in Uganda.

What typically does your day involve as a community health worker (CHW)?

As a community health worker, I follow a routine. Thrice a week I do home visits, identifying and visiting the sick in the communities, following up on those under medication, counseling both the sick and the people who are taking care of the sick on how best they can offer services or care at home. My role also involves networking with other fellow CHWs. We meet once a week to review the work and I have an added responsibility of compiling reports from fellow community workers who are following up on my community visits.

What are the issues you address in your capacity as CHW?

Our community health work deals with any health related issue, for example, nutrition, breast feeding, immunizations. However, our main emphasis is on HIV/AIDS, but with this we find the need to address other related issues, for example - HIV/AIDS women becoming pregnant, which means we need to start immediate counseling, making sure she goes for PMTCT and once the baby is born - follow up is required to see how she is breast feeding, immunization etc. We also deal with environmental issues. For example, we have with

the youth of the community cleaned streams around in the poorer suburbs. There are sick and vulnerable people living near these streams. Dirty water breeds mosquitoes and malaria is very rampant. So, in a nutshell we deal with anything to do with health related outcomes.

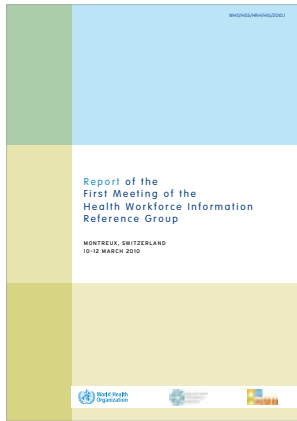
What support from the government would you like to have more of and why?

We have had several meetings with government officials and they are always appreciative of the work we do. The services my group of CHWs receive from the government health centers are immunization and testing kits and occasional voluntary counseling. A lot of the best people who are doing this work are people who have never been to school. This is why training and supervision is all the more crucial as it would enable CHWs to work in an organized and formal way avoiding duplication. Putting in place incentives or instructions, for example, provide us with computers to store our data, would most certainly be a motivating factor for all community health workers. CHWs can work in a more efficient and organized manner and continue to provide timely care if we have support from the government - right from the planning to implementing – as a CHW I believe and emphasize– the importance of working together.

What are your impressions of the meeting? What will you take away with you?

It is impressive that the work of community health workers is being recognized at the global level. I am very grateful to have been given this opportunity to attend this meeting and see how tirelessly people have been committed to the improvement and strengthening of the CHWs worldwide. I will be able to tell my fellow CHWs back home to continue rendering their services as there are people out there who care, appreciate and recognize the responsibilities and efforts of CHWs in improving the health of the populations. ■

NEWS FROM THE ALLIANCE TASKFORCES AND WORKING GROUPS



The **Health Workforce Information Reference Group (HIRG)**, the latest reference group convened by the Global Health Workforce Alliance, WHO Department of Human Resources for Health, and Health Metrics Network, has just published the report of its first meeting held in March this year. The report synthesizes the discussions and recommendations arising from meeting with

a focus on advocacy and action for strengthening the health workforce information and evidence base globally and in countries. The full report is available at: <http://www.who.int/hrh/resources/hirg/en/index.html>

One of the concrete products of the group is HIRG's online discussion group "*Strengthening health workforce information systems*," on the IBP Knowledge Gateway electronic communication tool. This Community of Practice is active with key and relevant topics aimed at sharing and reaching consensus on strategies to improve availability, quality and use of data and statistics on the health workforce. To join and contribute to the discussions visit: <http://my.ibpinitiative.org/hirg>

The **Positive Practice Environment (PPE) Campaign** website was recently launched by the campaign partners

– the International Council of Nurses, International Hospital Federation, International Pharmaceutical Federation, World Confederation for Physical Therapy, FDI World Dental Federation and the World Medical Association. The site is the one-stop shop for all PPE resources, tools and events. The creation of this site was fully funded by the Alliance. To learn more and share expertise to improve practice environments visit <http://www.ppecampaign.org>

The Technical Working group on Universal access for HIV/AIDS – Since its last meeting in March 2010, the technical working group has finalized the case studies of five countries - Côte d'Ivoire, Ethiopia, Mozambique, Thailand and Zambia. As it works towards finalizing its main report, preliminary results of the report will be presented at the XVIII International AIDS Conference in Vienna, Austria in a satellite session co-organized by the Alliance, PEPFAR and UNAIDS in July 2010.

The Alliance **Private Sector Taskforce** has developed a survey to assess the impact of certain enabling environmental factors on the operation and sustainability of a select number of private sector initiatives in three low resource countries (Mali, Zambia and Tanzania) that are increasing health worker supply and retention. The Taskforce plans to roll out the survey in July 2010.

For more information on our Taskforces and Working Groups, visit <http://www.who.int/workforcealliance/about/taskforces/en/index.html>. ■

GLOBAL CONSULTATION ON COMMUNITY HEALTH WORKERS

A global consultation of programme managers, policy makers and experts was convened by the Alliance on 29 - 30 April in Montreux, Switzerland, to review the recommendations of the report on CHWs as commissioned by the Alliance to gather the current evidence on wide-scale use of CHWs. Participants at the Consultation shared experiences and developed a broad agreement on key messages for countries to integrate CHWs into their national health workforce. Key messages were identified, related to the planning and production process for CHWs, the attraction and retention of this cadre, and performance management of CHWs. More information on the global consultation and the key messages are available at: <http://www.who.int/workforcealliance/media/events/2010/chwconsultation/en/index.html>. ■



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UPDATE FROM THE WEB

MULTILINGUAL WEB SITE

The Alliance website is now available in French with information on all major Alliance activities and projects. This will be followed by Spanish, Russian, Chinese and Arabic in the coming months. It is important to note that the structure of the language sites differs from that of the English site. To begin with

it provides a shell with essential information which will subsequently accommodate more relevant information as and when it becomes available. Please contact us at ghwa@who.int with your suggestions and queries about the multilingual web site. The French site can be accessed at www.who.int/workforcealliance/fr. ■

UPCOMING EVENTS

July

- 12 – 15 Jul Capacity Building Meeting for Country Coordination and Facilitation for Human Resources for Health, Cairo, Egypt
- 18 - 23 Jul XVIII International AIDS Conference, Vienna, Austria
- 25 – 30 Jul Coordination Meeting for the Second Global Forum, Tokyo, Japan

August

- 4 – 9 Aug 26th International Paediatric Congress 2010, Johannesburg, South Africa

September

- 30 Aug – 3 Sept WHO Regional Committee Meeting for Africa (AFRO), Malabo, Equatorial Guinea
- 7 – 10 Sept WHO Regional Committee Meeting for South-East Asia (SEARO), Bangkok, Thailand
- 9 – 10 Sept EU Conference on HRH, Brussels, Belgium
- 13 – 16 Sept WHO Regional Committee Meeting for Europe (EURO), Moscow, Russian Federation

- 20 – 21 Sept UNGA High Level Meeting on the MDGs, New York, USA
- 21 – 23 Sept Clinton Global Initiative Annual Meeting, New York, USA
- 27 Sept – 1 Oct WHO Regional Committee Meeting for the Americas (AMRO/PAHO) Washington DC, USA

October

- 3 – 6 Oct WHO Regional Committee Meeting for the East Mediterranean (EMRO), Cairo, Egypt
- 4 – 6 Oct 5th AAAH Conference, Bali, Indonesia,
- 7 – 8 Oct OECD Health Ministerial Meeting 2010, Paris, France
- 11 – 15 Oct WHO Regional Committee Meeting for the Western Pacific (WPRO), Kuala Lumpur, Malaysia
- 24 – 27 Oct 7th International Conference for Neonatal Nurses (ICNN), Durban, South Africa

November

- 11 – 20 Nov G20 Summit, Seoul, South Korea
- 16 – 19 Nov Global Symposium on Health Systems Research, Monteux, Switzerland

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The Global Health Workforce Alliance is a partnership whose secretariat is hosted by the World Health Organization.

This quarterly newsletter has been compiled by the Alliance communications team.

For further information and regular updates, we invite you to visit www.who.int/workforcealliance

To receive our newsletter and other electronic updates please email ghwa@who.int and write "Subscribe to GHWA News" in the subject line.

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