

IN THIS ISSUE

- NEWS // DRIVE FOR CONCERTED COLLABORATION .1 /
IN BRIEF // G8 2009 .2 / SURVEY ON THE THEMATIC FOCUS OF THE 2ND GLOBAL FORUM .2 / LAUNCH OF THE ALLIANCE RRT .3 / ESSENTIAL HRH ELEMENTS IN FUNDING PROPOSALS .3 / WEEKLY NEWS DIGEST .3 /
MEMBERS NEWS // LAUNCH OF NEW WEBSITE: MLI .4 / CALL TO ACTION TO PREPARE FOR AN H1N1 PANDEMIC .4 / 2009 FIP GLOBAL PHARMACY WORKFORCE REPORT .4 / VERSION 2 OF THE ICNP .5 / WORLD BANK LAUNCHES 'WORKING IN HEALTH' .5 /
VOICES // .5 /
FEATURE // ETHIOPIA'S EXAMPLE FOR A HEALTHIER WORLD .6 /
ALLIANCE ASKS // INTERVIEW WITH LAURENCE CODJIA .7 /
CALENDAR OF EVENTS .8 / LATEST PUBLICATIONS .8 /

MESSAGE FROM THE EXECUTIVE DIRECTOR



Dear readers,

The third quarter of 2009 has been productive for us at the Alliance Secretariat. Work of the Alliance Task Forces has been progressing significantly, with the launch of the

Resource Requirements Tool, developed by our Task Force on Human Resource for Health Financing at the UN ECOSOC session in Geneva. We had our Board meeting in Beijing, China, where the Board endorsed the development of a mechanism for greater collaboration among partners at the country level. Furthermore, we had an overwhelming response to the 2nd discussion of the Alliance Community of Practice.

We are encouraged by this year's G8 declaration on health and development, which again attributed a prominent role to the Kampala Declaration and Agenda for Action to help guide the response to the health

workforce crisis. Such recognition is in a large part thanks to the significant advocacy and lobbying work of our members and partners who are driving the issue to the top of global, regional and national agendas and ensuring it stays there. We commend these efforts and urge even greater advocacy and action – to ensure bodies like the G8 remain firm in their commitment and that new and additional funding for human resources for health (HRH) is made available.

As we enter the last quarter of the year, I look forward to your continued support and collaboration. Significant progress is evident but we still have a very long way to go. Too many countries are still experiencing crippling health workforce crisis and we must continue to work together to strive for collective success.

Happy reading!

Dr Mubashar Sheikh ■

NEWS

DRIVE FOR CONCERTED COLLABORATION AT THE COUNTRY LEVEL

The 8th meeting of the Alliance Board was held in the Chinese capital city of Beijing from June 15-16. Board members from around the world participated to review progress made by the Alliance, while at the same time, provide timely guidance in the way that the Secretariat and its members are responding to the ever growing public health demands brought on by the global health workforce crisis.

Based and building on the Kampala Declaration and Agenda for Global Action, an idea to develop a mechanism for greater collaboration among partners at the country level was presented and endorsed by the Board. Since then a set of good practices have been put forward in a document '*Good practices for country coordination and facilitation*'. This document describes the rationale for a coordination mechanism and proposing a set of good practices for effective coordination of the efforts

Continued on page 2.

Drive for concerted collaboration – Continued

of ‘national alliances’ working to improve the HRH situation.

Countries may use these to strengthen the coordinating of existing HRH alliances or other systems geared towards improving the HRH situation, or to galvanize support to establish coordination mechanisms for a new HRH partnership.

These good practices are not meant to burden any system with new requirements or criteria for functionality or funding. Rather, they are meant to enable existing local alliances for HRH to identify better the comparative advantages of the various actors within the local setting, and to see how best their roles and responsibilities can be maximized to improve the HRH situation. Using these good practices to improve coordination should also increase the level of commitment of each actor working within local alliances.

The mechanism will be presented at a series of consensus building meetings scheduled to take place in Ghana, Burkina Faso and Viet Nam over the next months. These meetings will bring together – sometimes for the first time – the wide variety of stakeholders working on HRH issues within countries, all of whom need to



© Courtesy of sxc.hu

Alliance ‘Good practices for country coordination and facilitation,’ a mechanism for greater collaboration among partners at the country level.

hold a prominent place at the table for discussion, development and implementation of national HRH strategies and plans.

For more information on the collaboration mechanism please visit our website at: <http://www.who.int/workforcealliance/countries/ccf/ccf/en/index.html>. The draft is available online for consultation. ■

IN BRIEF

G8 2009 KEEPS HEALTH WORKFORCE CRISIS HIGH ON AGENDA



© T. RIDDLEY, IRIN

The Alliance strongly welcomed the G8 declaration on health and development, as well as the Health Experts’ Report on ‘promoting global health’ endorsed by G8 leaders at this year’s Summit held in L’Aquila, Italy. The report which acknowledges the urgency of addressing the scarcity of health workers in developing countries, also established the critical role that health system strengthening has in advancing universal access to health services. The Alliance was especially encouraged by the prominent role attributed to the Kampala Declaration and the Agenda for Global Action for addressing the health workforce crisis. ■

SURVEY ON THE THEMATIC FOCUS OF THE 2ND GLOBAL FORUM ON HUMAN RESOURCES FOR HEALTH.

The Secretariat of the Alliance initiated a process to help identify the thematic focus for the Second Global Forum on Human Resources for Health, to be held in Bangkok, Thailand in the first quarter of 2011. To this end, the Alliance Secretariat solicited the participation of the global HRH community and Alliance members and partners to rank and rate the themes proposed. The online survey ran from 24 August - 25 September. The

response was overwhelming and we’d like to express our sincere thanks to those who participated. A report of the survey will now be compiled and will be taken into consideration in the ongoing planning for the Forum.

The 2nd Global Forum will be co-hosted by the World Health Organization (WHO) and the Prince Mahidol Award (PMA) of Thailand. ■

LAUNCH OF THE ALLIANCE RESOURCE REQUIREMENTS TOOL (RRT) AT THE UN ECOSOC, GENEVA, 6-9 JULY

© Y. SIEGENTHALER, 2009



Launch of the RRT at ECOSOC 2009: Dr. Francis M. Runumi (Ministry of Health of Uganda) giving a presentation on how the RRT has successfully been used in his country.

The Alliance hosted a special session at the UN ECOSOC held in Geneva, in July to launch the Resource Requirements Tool (RRT) developed by its Task Force

on HRH Financing. The RRT is a practical costing tool that aims to assist countries to estimate and project the costs of their HRH plans; analyse the plans' affordability; stimulate "what if" scenarios; and monitor implementation.

A large number of representatives from the UN missions of the 57 crisis countries as well as representatives from the major Global Health Initiatives such as the Global Fund, GAVI and the IHP+ attended the launch session. In addition to the launch session, the Alliance participated at the ECOSOC Innovation Fair with an exhibition booth, to which UN Secretary General Ban Ki-Moon paid a visit. Demonstrations of the RRT were also made at the booth, providing insightful opportunities for those who were unable to attend the launch to establish first hand the various benefits of the RRT.

The complete toolkit can be found online at: www.who.int/workforcealliance. For a hardcopy, please send an email to: ghwa@who.int ■

«ESSENTIAL HRH ELEMENTS IN FUNDING PROPOSALS» - TOPIC OF THE 2ND ALLIANCE COMMUNITY OF PRACTISE - «THE EXCHANGE»

The second discussion of the Alliance Community of Practice "The Exchange" concluded in mid-August. The topic of discussion was: "Essential HRH elements in funding proposals". The aim of the discussion was to determine the essential questions that should be asked of HRH interventions proposed within a grant application. The interactive discourse looked at issues surrounding the determinants of whether a country-developed grant application demonstrates a well-developed, reasoned and evidence-based contribution to national human resource for health priorities.

The daily inputs from contributors were moderated by the Alliance and supported by expert advisors', a group of individuals involved in public health, funded projects and academia. A Briefing note is now available on our web site (http://www.who.int/workforcealliance/knowledge/e_solutions/CoP_Funding_briefingnote.pdf). Besides background and context information, it contains a "check-list" detailing the essential HRH elements that must be considered in any funding application and by any review team. ■

NEW ON THE ALLIANCE WEBSITE: WEEKLY NEWS DIGEST

Every week hundreds of articles are published around the world covering a wide range of issues related to the health workforce crisis. To help cut through the time consuming task of identifying such articles, the Alliance web site now features a new section which provides links to a selection of key news and scientific articles. The web digest complements the clippings compilation already offered by the Alliance Secretariat to members and partners.

Articles are compiled from electronic newspapers, a selection of leading scientific and medical journals, from our partner's web sites and publications as well as from the Alliance's own site. We welcome individual recommendations - and often authors contact the Alliance directly to request their article be included in the digest to ensure dissemination to a wider audience.

To view this section, please visit: <http://www.who.int/workforcealliance/media/en/>

We hope you find this service useful and please feel free to send in your comments and feedback. ■

MEMBERS NEWS

LAUNCH OF NEW WEBSITE - MINISTERIAL LEADERSHIP INITIATIVE FOR GLOBAL HEALTH

The Ministerial Leadership Initiative for Global Health (MLI), initiated by Realizing Rights, recently launched an enhanced version of the MLI website:

www.ministerial-leadership.org. MLI was designed as a demand-driven, country-led leadership development initiative. As such, MLI countries were competitively selected based on technical proposals they submitted. The five MLI countries (MLI5), Ethiopia, Mali, Nepal, Senegal and Sierra Leone, together form a cohort of high-level national health officials. As part of a learning collaborative network, senior level representatives from the MLI5 work to improve their leadership capacity and advance health policy reform in each of their countries. Visit the new site to learn more about MLI and access their resource library. ■



CALL TO ACTION TO PREPARE FOR AN H1N1 PANDEMIC - ISSUED BY THE WORLD HEALTH PROFESSIONS ALLIANCE (WHPA)

A call to action to prepare for an H1N1 pandemic at a country and community level has been issued by the World Health Professions Alliance. The WHPA, a body that brings together more than 23 million health care professionals worldwide, has endorsed a set of key principles to promote operational activities that can be implemented at the country level in response to the continued spread of the H1N1 pandemic. The WHPA, says these interventions are designed to strengthen and build on existing systems at country level and they call on all partners to integrate them into ongoing programmes. The document says that the

future evolution of the pandemic cannot be predicted, but worldwide the overwhelming majority of cases are experiencing only mild symptoms. It also calls on countries to prioritise high risk groups, to train health workers to identify symptoms, increase stocks of medical supplies and to educate the community about home care. It also says that target groups to receive the first doses of vaccination need to be identified and plans should be drawn up for mass vaccination when the vaccine is available. For more information, please visit www.whpa.org ■

2009 INTERNATIONAL PHARMACEUTICAL FEDERATION (FIP) GLOBAL PHARMACY WORKFORCE REPORT



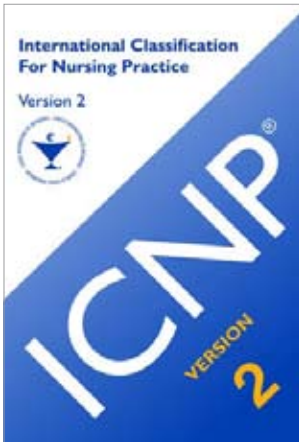
The 2009 FIP Global Pharmacy Workforce Report was officially launched at the 69th International Congress of FIP held in Istanbul, Turkey from 3- 8 September. The Report which is the most comprehensive of its kind on the subject, includes an analysis of the global pharmacy workforce situation, description of country experiences, guidance and

recommendations. Based on data from 56 countries, the report paints a mixed picture of progress, diversity, growing inequity and capacity limitations.

The pharmacy workforce crisis threatens the ability of many countries to deliver health services, however little has been published in this area. The International Pharmaceutical Federation (FIP) has sought to address this crisis by gathering global baseline data on pharmacy workforce and developing evidence-based background papers to serve as an advocacy tool at country, regional and global levels.

The report and workforce data are available for download at: www.fip.org/hr ■

ICN ANNOUNCES THE RELEASE OF VERSION 2 OF THE INTERNATIONAL CLASSIFICATION FOR NURSING PRACTICE (ICNP®)



The International Council of Nurses (ICN) released Version 2 of the International Classification for Nursing Practice (ICNP®) at the recent ICN 24th Quadrennial Congress in Durban, South Africa. ICNP® is an international standard for nursing terminology and an integral part of the global information infrastructure informing health care practice and policy to

improve patient care worldwide.

Version 2 includes more than 400 new concepts. The launch of this new version, represents the work of countless nurses and experts worldwide. ICNP® Version 2 is available electronically, at www.icn.ch/icnp.htm.

For more information on ICNP® Version 2, as well as the Conference in South Africa, please visit: www.icn.ch ■

WORLD BANK LAUNCHES 'WORKING IN HEALTH'

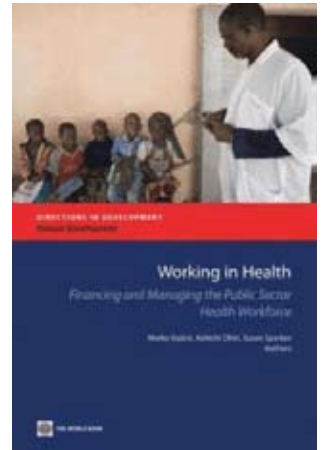
Addressing the issue of wage bill resources in the health sector and policy options, the World Bank launched the 'Working in Health' book in September 2009. Working in Health focuses on two key questions related to health workforce policy in developing countries:

- What is the impact of government wage bill policies on the size of the health wage bill and on health workforce staffing levels in the public sector?
- Do current human resources management policies and practices lead to effective use of wage bill resources in the public sector?

The document was developed through review of related literature and examination of available data as well as following in-depth studies in Kenya, Zambia, Rwanda and the Dominican Republic. Policies and

practices in recruitment, deployment, promotion, transfer, sanctioning, and remuneration for health workers are reviewed to identify their influence on budget execution rates, geographic distribution, and productivity of health workers.

The book can be ordered online, and/or an electronic versions can be downloaded from the World Bank web site at <http://go.worldbank.org/PU86PVIEUo>. ■



VOICES



- “Countries will need strong health systems, including public health workforce, to combat climate change and effective surveillance and alert systems to monitor events. It is vital that the voice of the medical profession is heard when world leaders meet in December (*at the United Nations Framework Convention on climate change*) so that plans are put in place to protect our patients and vulnerable populations.” Dr Edward Hill, Chair of the World Medical Association (WMA), speaking at a WMA seminar on climate change in Copenhagen, 1 September 2009.



- “The Resource Requirements Tool and the expertise provided by GHWA are the kind of practical, concrete flexible and reliable resources we need to best plan our efforts to increase our national supply of trained health workers, which is vital to the health of all Ugandans”. Dr Stephen Malinga, Ugandan Minister of Health, on the Resource Requirement Tool (RRT) developed by the Alliance. ■

FEATURE

OPINION EDITORIAL - FIRST PUBLISHED IN THE ETHIOPIAN HERALD - 7 JULY 2009 : ETHIOPIA'S EXAMPLE FOR A HEALTHIER WORLD by Tedros Adhanom Ghebreyesus and Sigrun Møgedal

A core principle of the Millennium Development Goals (MDGs) - the United Nations platform established at the beginning of this century and adopted by the world community as the overarching framework for development is that healthy people are essential for building a just and prosperous world. The MDGs set out some ambitious targets, from slashing maternal and child mortality and poverty to dramatically increasing access to primary education by 2015. These diverse goals have one clear thing in common: they can only be reached through broad access to basic, quality healthcare.

Nearly ten years after the MDGs were ratified, however, the prospects of achieving the vision laid out by this ambitious action framework is endangered by a global shortage of 4.3 million doctors, nurses, midwives and other trained health workers. This shortage of skilled health practitioners affects nearly every nation on Earth. But while wealthy nations often respond by attracting professionals from the developing world, developing countries must take a more thoughtful, holistic approach to training and retaining their workforce. This makes their job more challenging, but may also lead to more sustainable solutions to Africa's health worker crisis.

Consider Ethiopia -- one of the world's poorest nations which has nevertheless found the political will to develop sustainable national strategies for building up its health workforce, as an essential part of its ongoing integrated health system strengthening approach to expanding access to healthcare. Ethiopia's strategy focuses on identifying the most pressing healthcare needs of its people, giving more health workers the skills to meet those needs, and distributing and using those trained health workers in the most productive and sustainable manner possible.

Last week, Ethiopia showcased some of its pragmatic responses to the health workforce crisis at an international ministerial meeting that could provide models for action for other developing nations. On the agenda are efforts to increase access to care for women during childbirth by shifting some maternal health tasks from physicians, which are in very short supply throughout Africa, to trained mid-level health professionals who can perform these tasks just as well, but who can be trained in much less time.

Beyond the smart deployment of its existing human resources, Ethiopia is also working to expand its health worker training programs at every level. The country has reserved 20% of its higher education capacity for health sciences programs, more than doubling the



© V. Lamprecht, 2005, Courtesy of Photoshare

nation's public sector health workers since 2003. To date, Ethiopia's flagship Health Extension Program has deployed more than 30,000 Health Extension Workers in an innovative effort to provide universal access to essential health services and create healthier communities throughout the country.

With support from a number of partners, including the Global Health Workforce Alliance, Ethiopia's government-led program is targeting health worker training where it can save the most lives. The country is currently engaged in a nationwide effort to train 1,600 emergency surgery officers, midwives and anesthesia professionals, two for each of the nation's 800 primary hospitals. These mid-level professionals will have the necessary skills to handle common emergency obstetric, gynecological and surgical procedures that can greatly reduce maternal mortality. Another program will add 9,000 new doctors to address the country's shortage of physicians.

Training health workers is essential, but so is keeping them on the job. Ethiopia is acting to retain its current and future medical professionals by improving both monetary and non-monetary incentives including access to training and career development opportunities, improved supervision and support, and enhanced management capacities.

These kinds of changes do not come cheaply or easily. Scaling up physician training alone will cost USD \$900 million. Developing country governments have much work to do to identify and address gaps in their national health worker training and retention programs. The Ethiopian government is allocating significant resources in expanding the country's health workforce. But like most developing nations, Ethiopia will require help in making this necessary investment. Development

partners must step up to the plate and increase their commitment to righting the global imbalance in human resources for health. Each year, many skilled Ethiopian health workers continue to leave their country in seek of work abroad. Donors can support developing countries by helping to fund health worker training and retention efforts, and by subscribing to the International Code of Practice on the Ethical Recruitment of Health Workers. In fact, all countries must abide by this ethical recruitment code.

This millennium began with a vision of a healthier, more secure and just world. That vision cannot be achieved

without sustainable, equitable access to health, or to trained health workers. Across both the developed and developing world, stronger joint action is needed to develop the human resources we need to protect the lives of all the world's citizens. Without global cooperation to reverse the health workforce crisis, the healthy future envisioned by the MDGs will remain a dream

Dr Tedros Adhanom Ghebreyesus is the Minister of Health of the Federal Republic of Ethiopia.

Dr Sigrun Møgedal is Chair of the Global Health Workforce Alliance Board of Directors. ■

ALLIANCE ASKS...



© Y. SIEGENTHALER, 2009

Laurence Codjia of the Country Team at the Alliance Secretariat spoke to us about the upcoming Consensus Building Meeting and training workshop on 'strengthening the national management capacity for HRH development' that will take place in Burkina Faso.

What is the meeting about?

The meeting will be held in Ouagadougou from 9-14 November - co-organized by the Alliance, the World Bank and WHO. The first part of the meeting will focus on consultation on the proposed mechanism for greater HRH coordination at the country level (*Good practices on country coordination and facilitation - see more on the related news story page1/2*). Then we will go into workshop sessions designed to strengthening national management capacity for HRH development for the French speaking countries in Africa.

What's on the agenda?

We are preparing the agenda in a way that will enhance capacity of the participants in developing and strengthening national HRH plans through the use of the available tools such as the projection tools, resource requirement tools, and the advocacy tool kit.

The first part of the meeting will help constituencies in building partnership by using the Alliance-proposed coordination mechanism at the country level to facilitate the development and the implementation of the HRH plan.

The workshop element primarily aims to support countries in the development of their HRH plans. A first workshop of this nature was organized in 2008 by the World Bank, in collaboration with the WHO and the West African Health Organisation (WAHO) However, , since 2008, the world has been confronted with various new challenges - like the financial crisis, the H1N1 flu pandemic- which have exacerbated the HRH crisis, in particular in low-income countries. Furthermore, WHO's commitment to the renewal of primary health care to achieve universal and equitable access to health care and a restatement of the urgency to achieve the health related Millennium Development Goals have implications for health workforce planning, management and development. It is therefore in this context that it is very important and timely for us to organize the second workshop.

Who will be at the Burkina Faso meeting?

We intend on having broad participation at these meetings, consisting of approximately 70 participants. We are inviting all WAHO member states: Burkina Faso, Cape Verde, Côte d'Ivoire, Guinea Conakry, Guinea Bissau, Mali, Niger, Senegal, and Togo; and also Mauritania (ECOWAS observer); five countries from the Central African Republic, the Comoros, Democratic Republic of the Congo, Cameroon, Republic of Congo) as well as two countries from other WHO regions, namely, EMRO (Djibouti), and AMRO (Haiti).

Participants will include representatives from the Ministries of Health, Finance, and Education; Trade Unions, Civil Society and Professional Associations; and key financial partners at the country level. Representatives from regional partners, country UN agency offices and representatives from six African universities who are responsible for developing HRH management courses have also been invited. ■

EVENTS

October

- 26 - 30 Oct Global Business Coalition on HIV/AIDS, TB and Malaria: 2009 Annual Conference, Nairobi, Kenya
- 26 - 30 Oct 7th Global Conference on Health Promotion, Nairobi, Kenya

November

- 10 - 12 Nov 36th World Hospital Congress – IHF Rio 2009, Rio de Janeiro, Brazil
- 16 - 20 Nov Global Forum for Health Research, Havana, Cuba

December

- 1 Dec World AIDS Day

ALLIANCE EVENTS

October

- 26 - 29 Oct Meeting with HRH crisis countries and partners on good practices for country coordination and facilitation, Accra, Ghana

November

- 9 - 14 Nov Consensus building on the development of National Alliances and HRH strategies, Ouagadougou, Burkina Faso
- 22 Nov Meeting with HRH crisis countries and partners on good practices for country coordination and facilitation, Hanoi, Vietnam

23 - 25 Nov

- 4th AAAH Conference and the 3rd meeting of the WHO expert group on “Increasing Access to Health workers in remote and rural areas through improved retention”, Hanoi, Vietnam

December

- 3 - 4 Dec Joint Planning Workshop on the 2nd Global Forum on HRH among the main co-hosts, Geneva, Switzerland
- 16 - 17 Dec Technical Consultation for Community Health Workers, Geneva, Switzerland

LATEST PUBLICATIONS

- Resource Requirements Toolkit (RRT) of the Alliance Taskforce on Human Resources for Health Financing . The package includes:
 - RRT tool
 - Framework paper - Financing and Economic Aspects of Human Resources for Health Workforce and Scale-Up
 - What Countries can do now - An Action paper
 - RRT User guide
 - RRT Data collection guide
 - RRT FAQ
 - RRT one-page descriptionThe toolkit is currently available in English. French and Spanish version will be available by mid december 2009.
- Moving Forward from Kampala - Strategic priorities and directions of the Global Health Workforce Alliance: 2009 - 2011 - now available in French
- Communications Strategy of the Global Health Workforce Alliance: 2009 - 2011 - now available in French and Spanish
- Knowledge Strategy of the Global Health Workforce Alliance: 2009 - 2011 now available in French and Spanish

The above publications are available on our website at: www.who.int/workforcealliance.

If you would like to receive a hard copy, please write to us at ghwa@who.int.

TO LEARN MORE ABOUT THE ALLIANCE PLEASE CONTACT:

The Global Health Workforce Alliance
World Health Organization
Avenue Appia 20
1121 Geneva 27
Switzerland
Tel: + 41.22.791.2621
Fax: + 41.22.791.4841
E-mail: ghwa@who.int
www.who.int/workforcealliance



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.

This document does not represent an official position of the World Health Organization.

Design: paprika-annecy.com