Political and financial commitment to resolving the health workforce is increasing at a significant pace. Through a series of high-level events and announcements over the last months, the global community has unanimously recognized the need to increase quantity and quality of health workers to ensure progress on health and made commitments for concrete action.

At the United Nations High Level Meeting on the Millennium Development Goals and surrounding events held in New York at the end of September, significant financial commitments were made to address the health workforce as part of the drive to move closer to the achievement of MDGs and to ensure progress in the areas of maternal and child health and addressing diseases such as AIDS, tuberculosis and malaria.

With particular focus on MDGs 4 and 5 - reduction of maternal and child mortality - commitments included a billion dollar pledge from the UK over the next three years to support national health plans, incorporating increased health worker training. The Global Campaign for Health announced its aim to mobilize an extra $30 billion by 2015 to ensure 4 million more children’s lives are saved and 33 million more births are attended by skilled health workers. A new taskforce on Innovative Financing for Health, launched by the UK, Norway, the World Health Organization, the World Bank and others, will help towards funding over 1 million health workers by 2015, and will report to the G8 next year.  

More on international commitments on page 2.
LEADERS UNITE IN COMMITMENT

The announcements in New York build on a host of important and critical commitments made by global leaders over the past months.

In April 2008, President of the United States, George Bush and the Prime Minister of Great Britain, Gordon Brown announced their intention to provide support for increasing the numbers of health workers across four countries in Africa. This was closely followed by commitments from the Prime Minister, Yasuo Fukuda of Japan to train one hundred thousand new health workers in Africa over the next five years.

Uniting in their commitment at their 2008 Summit in Japan, leaders for the Group of Eight nations pledged to actively address the critical shortages of health workers across the world as a fundamental component for progress in health. The G8 leaders also noted the work of the Alliance and partners and the importance of the Kampala Declaration and Agenda for Global Action to help guide the response to the health workforce crisis.

Significant provisions on training and retaining health workers were also included in reauthorization of the United States President’s Emergency Plan for AIDS Relief (PEPFAR) Act – which was signed into law by President Bush at the end of July. The new legislation targets training and retaining at least 140,000 health care professionals and paraprofessionals.

In response to these significant developments, the Global Health Workforce Alliance has publicly welcomed the accelerated increase of commitments, and underlined its promise to continue working with partners and countries in their responses to the crisis to ensure commitments are driven further forward.

HEALTH WORKFORCE FOCUS AT 2008 CLINTON GLOBAL INITIATIVE ANNUAL MEETING

The importance of urgently expanding the health workforce in developing countries was a central focus at the 2008 Clinton Global Initiative annual meeting, held in New York from September 23-26.

“Facing [global health] challenges head-on will require a massive investment to expand the health workforce in developing countries by four million people,” the Initiative said in its lead in to the Global Health strand of the meeting.

Anchoring the issue as central to achieving global progress on health, the meeting featured a special Working Session entitled: ‘Global Health - Expanding the Global Health Workforce’. Moderated and introduced by GHWA Executive Director Dr Mubashar Sheikh, the session featured distinguished panelists: Tedros Adhanom Ghebreyesus, Minister of Health, Ethiopia, Craig Barrett, Chairman of the Intel Corporation and Aruna Uprety, Director of the Rural Health and Education Services.

The session highlighted how all sectors, including the private sector, have a critical role to play in addressing and reversing the crisis - to contribute to the achievement of global health and development targets including the Millennium Development Goals. The session particularly explored examples of innovative solutions to the crisis and how these can be replicated and developed.

For more information and to explore the multimedia section which includes web and podcasts of the health workforce Working Session please visit: http://www.clintonglobalinitiative.org
HIV AND THE HEALTH WORKFORCE: INTERCONNECTED SOLUTIONS

The central role of the health workforce and strengthened health systems in driving progress within the AIDS response was a key area of focus at the 2008 International AIDS Conference, held in Mexico in August 2008. At a special Satellite event - organized jointly by the Global Health Workforce Alliance, UNAIDS and the International AIDS Society - leaders and experts in the fields of HIV and human resources for health stressed that reaching universal access to HIV prevention, treatment, care and support will not be possible unless both communities work much closer together and unless stigma within the health professions is seriously addressed.

Underlining the responses to HIV and the health workforce crisis as mutually interdependent, the session participants called for the next IAS conference to commit to bringing together the 57 countries estimated to be facing critical shortages of health workers together to report and share experiences, so that the health workforce crisis becomes an integral part of the AIDS conference programme and agenda. Within the discussions, participants acknowledged that HIV-related discrimination is still a serious problem within the health professions. Pledging to fight stigma and discrimination in the health workplace, the panelists - including the World Health Professionals Association - committed to human-rights based solutions, including the promotion of ‘positive practice environment’ campaigns, which include increased anti-stigma training.

Read more at:

PUBLIC HEARINGS ON THE DRAFT CODE OF PRACTICE ON THE INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL

An initial draft of the WHO code of practice on the international recruitment of health personnel was opened for comments during the month of September, through inclusive, web-based public hearings.

Health worker migration from those countries experiencing a crisis shortage in their health workforce is further weakening the already fragile health systems and presents a serious impediment to achieving the health-related Millennium Development Goals. Managing the pressures of the international health workforce market and its impact on migration is one of the six interconnected strategies for action to resolve the health workforce crisis within the Kampala Agenda for Global Action.

The WHO code of practice on the international recruitment of health personnel is expected to be an important new instrument in the global response to the health worker migration issue. The code will set out guiding principles and voluntary international standards for recruitment of health workers, to increase the consistency of national policies and discourage unethical practices, while promoting an equitable balance of interests among health workers, source countries and destination countries.

The aim of this process is to submit a draft code of practice to the World Health Assembly for its consideration. The soonest this could happen would be May 2009.

More information available at:
http://www.who.int/hrh/en/index.html

Miriam Were awarded 2008 Hideyo Noguchi Africa Prize

GHWA board member Professor Miriam K. Were has been awarded the prestigious 2008 Hideyo Noguchi Africa Prize for medical services. The Japanese Government recognized Professor Were for over four decades of her dedicated service to communities. Professor Were's efforts to bring basic medical services and health rights to women and children in the villages of East Africa have been a beacon of hope for millions of people in Africa and the world. For the past 40 years, Professor Were has united communities to develop and implement innovative solutions to daily health problems. The most illustrious example of her community-based approach is her ongoing work to build public toilet facilities in local communities, improving hygiene and overcoming longstanding taboos. She also drastically raised the infant vaccination rate through a system of organizing children into small groups to visit local clinics. The Alliance extends its hearty congratulations to Professor Were for her outstanding work.
IN BRIEF

GHWA TASK FORCES MEET IN GENEVA

The Global Health Workforce Alliance’s specialized Task Forces working on critical issues related to the health workforce crisis met in Geneva early this month to review progress, challenges and lessons learned so far in their work. The meeting, attended by Task Force Chairs and co-chairs offered an opportunity to share and learn from each other’s experiences. Participants explored avenues for greater collaboration between the groups, as well as examining how the knowledge acquired through their work can be carried forward into comprehensive national, regional and global actions.

As one of its strategic key priorities, the Alliance has embarked on addressing specific workforce challenges by establishing mission-oriented, time bound Task Forces and Working Groups to address specific areas that impact on human resources for health. The Alliance has so far commissioned six task forces, on the following themes: Migration, Retention, Private Sector, Financing, Scaling up Education and Training, and Universal Access to HIV treatment.

GHWA TO ORGANIZE HRH SIDE MEETING AT WHO’S EASTERN MEDITERRANEAN REGIONAL COMMITTEE MEETING IN CAIRO, EGYPT

On the occasion of Regional Committee Meeting of the WHO’s Eastern Mediterranean Region, WHO/EMRO and GHWA are holding a special side meeting on 11th October with delegates of eight health workforce crisis countries of the region. These countries include Afghanistan, Iraq, Pakistan, Yemen, Sudan, Somalia, Djibouti and Morocco. The meeting which will be attended by the Health Ministers and the Focal Points for Human Resources for Health (HRH) will identify innovative country-specific approaches to overcome HRH challenges and needs. It will also identify potential areas for collaboration between HRH crisis countries, WHO and GHWA.

3rd ASIA-PACIFIC ACTION ALLIANCE ON HUMAN RESOURCES FOR HEALTH (AAAH) CONFERENCE

The 3rd AAAH Conference - the theme of which is “Globalisation and its Implications for Health Care and Human Resources in Health”, will take place from 12-14 October 2008 in Colombo and Kandy, Sri Lanka. Its aim is to provide a platform for members of the alliance and global partners to exchange ideas and knowledge and to identify the opportunities and challenges to human resources in health in the current context of globalisation.

At the event, GHWA is organizing a side-meeting with the eight crisis counties of the region. This focussed meeting will be an opportunity for GHWA to hear about the HRH issues and challenges for these countries and to receive feedback on best they think GHWA can support their activities for scaling up health workers.

COUNTRY CASE STUDIES NOW AVAILABLE!

GHWA has recently published a series of country case studies, commissioned as part of the work of the concluded Taskforce on Scaling Up Education and Training. So far the five published country case studies are from Bangladesh, Ethiopia, Ghana, India and Malawi. These case studies describe successful scale up models which are central in bringing about improvements in the health status of their populations.

All available Case Studies can be found on the GHWA web site - www.who.int/workforcealliance. Additional studies will be added as they become available.
WHAT DOES THE KAMPALA DECLARATION AND AGENDA FOR GLOBAL ACTION ENCOMPASS AND HOW WILL IT BE USED BY COUNTRIES?

The Kampala Declaration and Agenda for Global Action is a framework to guide development of human resources for health over the next decade.

The Agenda for Global Action is built around six fundamental and interconnected strategies, based on previous actions and commitments. Its purpose is to translate political will, commitments, leadership and partnership into effective actions. The six interconnected strategies are:

- Building coherent national and global leadership for health workforce solutions
- Ensuring capacity for an informed response based on evidence and joint learning
- Scaling up health worker education and training
- Retaining an effective, responsive and equitably distributed health workforce
- Managing the pressures of the international health workforce market and its impact on migration
- Securing additional and more productive investment in the health workforce

Country leaders and decision-makers are encouraged to use these tools to help guide the development of their national health workforce plans. Within the agreed Declaration and Plan, GHWA has been mandated to develop a system to monitor the implementation and progress of the Kampala Declaration and Agenda for Global Action, the results of which will be presented at the GHWA biennial Forum and shared at the global level.

WHAT ARE YOUR SUCCESS CRITERIA FOR ASSESSING THE IMPACT OF GHWA?

In broad terms - success would mean resolving the health workforce crisis so that everyone, everywhere has access to a skilled, motivated and supported health worker. This is an ambitious goal, but one that is entirely necessary if we are serious about making health and development progress. We know that addressing the issue of health worker shortages can have a real and dramatic impact on countries health indicators - such as levels of maternal and newborn survival and numbers of people receiving critical treatment for AIDS, TB and malaria. That is why we will be closely monitoring the Kampala Declaration and Agenda for Global Action - to see how the world is progressing and where more work is still needed.

The full interview with Dr Sheikh is available on the ICHRN web site: www.ichrn.org
MEMBERS IN THE SPOTLIGHT

MEMBERS LAUNCH TOOLS FOR HRH STRATEGIC PLANNING

Policymakers and others engaged in health workforce planning now have two valuable new tools available to assist them in developing health workforce strategies that can deliver on health goals and commitments. Both focus on how to incorporate human rights principles into these strategies - a prerequisite of success and one of the points of the Kampala Agenda for Global Action.

Physicians for Human Rights (PHR), a US-based NGO, recently released The Right to Health and Health Workforce Planning: A Guide for Government Officials, NGOs, Health Workers and Development Partners. This guide provides in-depth guidance on how to incorporate the right to health into health workforce plans. A deliberate focus on human rights will help ensure that plans (and the process of developing, implementing, and monitoring them) are ambitious and designed to meet the population’s health needs, that they give due emphasis to such key human rights principles as equity, participation, and accountability, and that they cover issues that might otherwise be passed over entirely, such as the need for human rights education for all health workers.

The guide is available at: http://www.physiciansforhumanrights.org

Meanwhile, the Health Workforce Advocacy Initiative (HWAI) has released Guiding Principles for National Health Workforce Strategies, which provides overarching principles that will promote the success of health workforce plans and ensure that they are consistent with human rights.


French and Spanish versions are also available at HWAI’s website: http://www.healthworkforce.info/HWAI/Materials.html.

“Grounding health workforce plans and policies in human rights is vital for countries to develop a workforce that can deliver on health care for all,” said Eric Friedman of PHR, and chair of HWAI. “As countries direct ever more energy to the critical task of expanding their health workforces, they must also focus on transforming the health workforce into one that is equitably distributed, meets the needs and heeds the voices of marginalized and vulnerable populations, and treats everyone with dignity.”

VOICES

Quotes and words on the health workforce crisis and solutions from people at the heart of the global response.

• “In Sierra Leone, one in eight mothers dies in childbirth. It is an astonishing and appalling statistic. There are only 18 midwives in a country of 6 million people. There are only 200 nurses, only 100 doctors. If we can’t help in midwifery training and other things, then I believe that we will be failing a generation of people who deserve our people.” - Prime Minister Gordon Brown at the 2008 Clinton Global Initiative Meeting.

• “We have an opportunity now to link strategies for responding to AIDS with strategies for addressing the health workforce crisis. The ultimate aim has to be better progress on both - and healthier populations as a result.” - Peter Piot, UNAIDS Executive Director, at the 2008 International AIDS Conference, Mexico.

• “In the health system, human resources are very important. Staff capacity has to be developed and prepared from the start and later with continuing education.” - Munisa Sidykova, Senior Nurse, Tajikistan in an interview with WHO /Euro.
For Margaret, a senior nurse at a health clinic in Kampala, Uganda, becoming a nurse was a childhood dream and ambition. And though she is wholly dedicated to her work, she - like many millions of health workers across the world - faces escalating challenges in the workplace that have made her work environment increasingly unfavourable and unappealing. “Since I was little, I wanted to work in the hospital, to be a nurse. I love to help people and work in a place that cares. But we are tired. We don’t have the equipment. We can’t help people fast enough and then they get sicker; some die. That is so hard for us. But how can we do more when we are already so tired?” she explained.

Margaret is not alone. In many countries, unhealthy work environments and poor organizational climate are compounding the burden felt by overworked, under supported health workers.

The ongoing underinvestment in the health sector, coupled with poor employment conditions and policies (such as exposure to occupational hazards, discrimination, physical and psychological violence; insufficient remuneration; unfavourable work-life balances; unreasonable work loads, limited career development opportunities, etc.) has resulted in a deterioration of working conditions in many health care settings. This has a serious negative impact on the recruitment and retention of health professionals, the productivity and performance of health facilities, and ultimately on patient outcomes.

In response to this critical issue, a group of Alliance members have initiated the ‘Positive Practice Environments’ (PPE) Campaign, a worldwide campaign to generate public awareness and political will to introduce and maintain improved working conditions and environments within health systems. This is a country and facility-centred initiative focusing on all health care settings. The campaign aims to improve the quality of health services by raising awareness, identifying good practice, developing tools for managers and health professionals in the field.

Working collaboratively, the campaign has been initiated by the International Council of Nurses, The International Pharmaceutical Federation, the World Dental Federation, The World Medical Association, the International Hospital Federation and the World Confederation for Physical Therapy, with the support of the Alliance. The campaign aims to build synergies at the international, national and local levels, working with partners, associations and civil society to ensure a fully multi-stakeholder approach. “Evidence clearly demonstrates the power of positive practice environments – resulting in worker wellbeing, continuity of and access to care, and ultimately improved patient outcomes. Our campaign will aim to capture and share examples of where this is happening, to improve situations where work environments - and the health workers within them - are suffering,” said Mireille Kingma of the International Council of Nurses, a spokesperson for the initiative.

Currently in the initial stages, the campaign plans a number of key outcomes, including the Campaign kit, national base-line surveys, a web-site with virtual library, mapping and development of relevant tools, best practice guidelines, accreditation criteria and communications products such as newsletters.

For Margaret, and the many millions of health workers around the world, improving quality of the working environments will reap rewards. “We are not deterred by the difficult situations - we have our job to do - but if we could have more support in our day to day activities, to have a happier place to work, we would be able to do even more,” she said.

AS THE CAMPAIGN DEVELOPS, THE ALLIANCE WILL FEATURE UPDATES ON ITS WEB SITE AND IN FUTURE NEWSLETTERS - SO CHECK BACK TO SEE THE LATEST ON THE PPE!

For more information on the PPE campaign, please contact: Dr. Mireille Kingma, kingma@icn.ch

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Health workers face escalating challenges at the workplace.
CALENDAR OF EVENTS

**OCTOBER**

14 Oct  
Launch of the WHO World Health Report, focusing on Primary Health Care

20 - 21 Oct  
WHO-OECD hosted dialogue on migration and other health workforce issues in a global economy, Geneva, Switzerland

22 - 24 Oct  
Workplace Violence in the Health Sector, Amsterdam, Netherlands

26 - 29 Oct  
Canadian Conference on International Health, Ottawa, Canada

27 - 28 Oct  
Universal Access Task Force meeting, Washington, USA

**NOVEMBER**

3 - 4 Nov  
2008 Toyako G8 Summit Follow-up: International Conference on Global Action for Health System Strengthening, Tokyo, Japan

**DECEMBER**

3 - 6 Dec  
International Conference on Scaling Up: an Essential Strategy to Attaining Good Health for All, Dhaka- Bangladesh

3 - 7 Dec  
ICASA (International Conference on AIDS and STIs in Africa), Dakar, Senegal

LATEST PUBLICATIONS

**GHWA TASKFORCE ON SCALING UP EDUCATION AND TRAINING OF HEALTH WORKERS**

- Bangladesh Trains Health Workers to Reduce Maternal Mortality, 2008
- Pakistan’s Lady Health Worker Programme, 2008
- Malawi’s Emergency Human Resources Programme, 2008
- Ghana: Implementing a National Human Resources for Health Plan, 2008
- Ethiopia’s Human Resources for Health Programme, 2008

**OTHER PUBLICATIONS**

- Guidelines - Incentives for Health Professionals, 2008

All publications can be accessed from: http://www.who.int/workforcealliance

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

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