The Global Health Workforce Alliance

Report of the 14th Board Meeting

Ramada Plaza Hotel, Gammarth, Tunis, Tunisia

2-3 July 2012

This document presents the Report of the Fourteenth Board Meeting and includes all decision points. The Report is subject to electronic ratification by the Board of the Global Health Workforce Alliance.
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Evening Reception / Dinner - Launch of GHWA Strategy 2013-16
Participants

Members / alternates

Masato Mugitani, Catherine Bonnaud; Eric Buch; Francisco de Campos; Susan Chandler; Frances Day-Stirk; Bjarne Garden; Aaron Lawson; Wim Van Lerberghe; Akiko Maeda; Carolyn Miller; George Shakarishvili; Agnes Soucat; David Weakliam; Miriam Were; Feng Zhao and Mubashar Sheikh.

Apologies / absent

Kazem Behbehani; Samuel Kingue; Jinfeng Liu; Amb Goosby (Estelle Quain); Srinath Reddy and Otmar Kloiber.

Observers

Dean Chambliss (WHO), Shengyu Chen (China), Ishrat Hussain (USAID), Paul Fife (NORAD), Atef Al Maghrabi (AfDB)

Secretariat

Giorgio Cometto, Shinjiro Nozaki, Romana Rauf, Concepta Ongaro
Global Health Workforce Alliance: Report of the 14th Board Meeting
Ramada Plaza Tunis, 2-3 July 2012

Report of the 14th Meeting

Monday, 2 July 2012

Agenda item 1: Opening remarks, Introduction, Adoption of the Agenda and Appointment of Rapporteur

Opening Remarks

1. The Chair opened the meeting and thanked board members and observers for their attendance. He also warmly welcomed the new alternate member from France, Catherine Bonnaud and the new Board member from the Global Fund, George Shakarishvili.

2. Akiko Maeda was appointed as rapporteur.

3. No AOB item was proposed.

4. The Chair thanked the African Development Bank for hosting the meeting.

Agenda item 2: Report by Secretariat

5. The Secretariat updated the board on the status of the activities for 2011 workplan, as reflected in the annual report, and progress in the first half of 2012. Key advocacy outcomes of the 2nd Global Forum on HRH, including its Outcome Statement in January 2011, served as strategic input to priority engagements in 2011, such as the G8/G20 meetings, political declarations on HIV/AIDS and Non-Communicable Diseases (NCDs) at the UNGA High Level meetings in New York.

6. The Code of Recruitment of International Health Personnel continued to be an area of focus: several parliamentary and inter-ministerial audiences have been addressed in Spain, Germany, UK among others with a view to sustaining their focus on HRH. Updates were given on the Positive Practice Environment campaign, the Country Coordination and Facilitation process, and France’s support to select francophone countries in Africa as part of the G8 Muskoka Initiative. Promoting HRH policy dialogue through regional platforms, revamping the African platform for HRH, advocacy via regional conferences of AAAH and HHA, and other similar conferences held by WHO SEARO (India) and UNASUR (Peru) were evidence of the partnerships established by the Alliance with regional networks and platforms. The board was also informed that the Private Sector taskforce report was launched at WHA in May 2012.

7. The Board was informed of the many reviews, including but not limited to the recent external evaluation: the previous self-assessment, the member survey, the CCF assessment in 3 countries, and an independent evaluation by the EC on a three year joint project with WHO, whose findings corroborated the external evaluation in proving the value of Alliance activities, including especially its support to country HRH processes, and underscored the need to harness members’ and partners’ contributions.
DECISIONS RESULTING:

BM14/DP01: The Board took note of the progress in implementing the 2011 and 2012 workplans consistently with the agreed tasks and activities, and of the status of actions taken on the 13th Board meeting decisions.

BM14/DP02: The Board took note and endorsed the 2011 Annual Report.

BM14/DP03: The Board requested that future updates to the Board refer also to challenges and areas where results did not adhere to initial expectations.

Agenda item 3: GHWA Strategy 2013-16

8. Eric Buch, representative of the Board-appointed working group which worked under the leadership of the Board Chair, Dr Mugitani, presented the final GHWA Strategy 2013-2016, while elaborating on the participatory consultative process which was followed in its development.

9. He informed that the consultation draft was launched during the World Health Assembly in May 2012, and that as a result 47 detailed responses were received, representing viewpoints of many individuals and levels within an organization, or different organizations within a network. Following the end of the consultative process and final revisions, the GHWA Strategy 2013-2016 was submitted for electronic endorsement by the Board members prior to the 14th Board meeting.

10. The Board were informed of the formal launch of the strategy planned at dinner reception at the hotel on 3 July.

11. The Chair appreciated the dedication of the working group, acknowledged the responses received in the consultation process, thanked WHO for the supportive position expressed by the Director General Dr Margaret Chan, and opened the floor for board comments.

12. The Board had overall consensus that it was a credible strategy that had been refined through an intensive and transparent consultative process.

13. The Board was cognisant of the many competing activities and discussed their approach on how best to market the Strategy 2013/16. The Board deliberated on the need to develop an executive summary, and/or a communication document with a cover letter from the Board Chair summarizing the salient features when disseminating, communicating and marketing the new strategy 2013-2016.

14. The Board noted the need to mobilize its partners and members, and to clearly define and distinguish, where applicable, the respective roles and responsibilities for its members, partners and the Secretariat in the implementation of the Strategy 2013-2016. The board discussed the need to further refine and provide greater specificity on the new partnership model identified in the Strategy 2013-2016.

15. The board requested, and the Secretariat noted, that the Ministry of Health, as a key stakeholder, be explicitly mentioned in the table on page 6 of the final strategy document.

16. The Chair, on behalf of the Board members thanked the working group members on their diligence in the drafting, consultation and finalizing the Strategy 2013-2016 document.
DECISIONS RESULTING:


BM14/DP05: The Board requested the Secretariat to prepare the required correspondence and communication documents for the dissemination and marketing of the Strategy 2013-16.

Agenda item 4: Financial Update

17. Dean Chambliss presented the WHO’s role of fiduciary oversight responsibility over the GHWA Secretariat financial situation. He elaborated that WHO requires at least 6 months of staff funding at hand at all times and logged within the official WHO GSM system, although 12 months was highly recommended especially for partnerships/alliances (non-core departments). Furthermore, he explained that unlike core departments, partnerships receive no funding contribution from WHO’s core assessed or voluntary specified contributions, and as such the Alliance’s funding is dependent entirely on its own resource mobilization efforts.

18. The Board was informed by Mr Chambliss that GHWA at the time of discussion (early July 2012) did not meet the minimum 6 month staff funding requirement, with current funds in GSM only sufficient to meet its staff salary obligations for another two and a half months at best, and that the Office of the WHO Director General had accordingly been informed of the gravity of GHWA’s financial situation.

19. The Board noted that the WHO management would continue to monitor the GHWA staffing situation closely, with regular meetings with the GHWA EXD and would continue to inform the Board, as appropriate. The WHO representative cautioned the Board that longer term funding commitments, beyond short term survival, to sustain the Alliance as a going concern should therefore be secured, in order to satisfactorily address its needs and to ensure compliance with WHO rules.

20. The Board enquired whether WHO considered pledge letters as sufficient or whether they required cash to be fully received in the system, to cover the minimum staff requirements of WHO. Mr Chambliss explained that WHO considered signed finalized donor agreements as sufficient for purposes of ensuring staff funding for 6 or, as previously stated, preferably for a 12 month period ahead.

21. WHO’s presentation was followed by the GHWA Programme Manager’s more detailed financial status for 2012 and pledged resource projections for 2013 workplan, explaining the challenges related to the timeframe of its 2012 (and 2013) income forecasts, for which donor signed agreements were not in place and therefore the WHO 6 month minimum funding requirements were not fulfilled. Therefore the anticipated income of additional $3.2 million in the second half of 2012 was not yet received or recorded in the WHO GSM system and was therefore currently interpreted as a $1.3 million financial gap until the additional pledged income is received for the 2012 workplan implementation, based on a $4.7 m proposed revision for 2012.

22. The Secretariat further elaborated that once the additional 2012 pledges of $3.2 m materialized, it anticipated a carry forward of $1.9 million projection into 2013 (based on the revised $4.7 m
workplan). The Secretariat requested the Board to therefore mobilize additional resources beyond the amounts already pledged to cover the funding gap which is estimated to be of $1.1 million for 2013. It is notable that this deficit does not include the additional amount needed to carry forward into 2014, which should be a minimum of $3m. Thus the total additional amount to be raised in 2013 is $4.1m.

23. This figure is based on the projection of 6 million 2013 budget planning (net of Program Support Cost), the anticipated income pledges for 2013 of $2.9m (from Japan, France & Ireland), and the carry forward of $1.9m from 2012. This gap can become bigger if any of the currently anticipated amount is not materialised thereby requiring efforts to mobilise more funds to avoid any adverse impact in terms of activities and staffing. Furthermore, expected income may not be received in time to fund staff further, thus creating a cash-flow problem in the first half of 2013.

24. Of this currently projected gap of $1.1m, a minimum of $0.6 million is required to be mobilized by September 2012, in order to meet WHO requirement of 6 month staff funding into 2013, and the balance of $0.5 million to be subsequently mobilized for the 2013 workplan gap, again based on currently anticipation of the 2013 pledged income being received fully, in a timely manner and without any cash flow problems.

25. The Board discussed the urgent need to revisit the functions as well as the resource requirements for the implementation of its Strategy 2013-16. The Board also requested an estimation of the threshold level of funding required to maintain the Secretariat operational, below which its functions would be severely compromised. The Board also asked the Secretariat to make clear distinctions between firm commitments and tentative pledges of funding.

DECISIONS RESULTING:

**BM14DP06:** The Board noted WHO’s fiduciary responsibilities of financial oversight and minimum funding requirement of 6 month staff salary funding at all times.

**BM14DP07:** The Board further noted the current cash flow challenges for 2012 pledged income to be received, the urgency of resource shortfall of estimated $1.1 million for 2013, and the overall resource needs of the Secretariat in the magnitude of at least $20 million for Strategy 2013-16 (all figures net of PSC).

**BM14DP08:** The board committed to make immediate, concerted, active and coordinated efforts to mobilise the funding gaps required for sustaining the operations of the secretariat and for efficient implementation of the annual work plans for 2012 and 2013 in the short term and for subsequent years in the medium term.

**Agenda item 5: Workplan 2012 and 2013, Secretariat Structure for 2013 and beyond**

26. The Secretariat presented the proposed revision to its 2012 Workplan to $4,749,823.

27. The Secretariat further presented a proposed budget of $6 million (net of PSC) as a basis for the development of its 2013 Workplan.
28. The Secretariat also presented changes to the Secretariat structure, proposing a 13 staff revised structure. Specifically the proposed changes were:

a) The position of P5 (FT) medical officer be abolished;
b) A G5 ST be abolished reducing the number of support G staff;
c) The P4 ST Advocacy and Communication Officer be reclassified to a P5 ST Advocacy and Communication Officer;
d) A G5 ST Programme Assistant be reclassified into a P3 ST Programme Officer focusing on memberships and to operationalize the enhanced partnership model of the new strategy.
e) Secondment opportunities be availed for additional resources, as and when opportunities arise.

29. The Secretariat requested the Board’s consideration to change from an annual work planning to a biennium cycle to match the WHO planning cycle.

30. The Board in its subsequent discussions noted the urgent need to review the proposed changes in the Secretariat structure in more detail, as well as revisit the workplan for 2013 taking into account the new Strategy and the critical financial situation. To this end, the Board considered that closer guidance and monitoring by the Standing Committee to manage the Alliance during this time of financial uncertainty and fluctuating budget situation was warranted.

DECISIONS RESULTING:

BM14DP09: Considering the need to rationalize and prioritize the completion of activities in the workplan 2012, and to allow forward planning with sufficient advance, the Board approved the proposed revisions to the workplan 2012. The Board agreed that, if needed, the EXD might, with the approval of the Standing Committee, make further adjustments concerning both activity and staffing, within the revised expenditure ceiling of $4,749,823. Adjustments made in the remaining part of the year should aim to position the Secretariat to implement the new strategy.

BM14DP10: The Board requested the Standing Committee to work with the Secretariat to develop alternative scenarios for the workplan 2013, reflecting different possibilities of income level, and the corresponding staffing structure, in line with the programmatic directions and partnership model of the new strategy 2013-2016, with a view to finalize the workplan 2013 no later than the end of September 2012.

BM14DP11: The Board endorsed the decision to shift to a 2-year planning framework, which is to be implemented with the integration of the 2012 and 2013 workplans, as soon as the latter is approved.

Agenda item 6: Governance Update on Handbook Compliance and Structures

31. The Secretariat presented and sought the Board guidance on Board meetings attendance, which for
some members has been well below the 50% requirement stipulated as per the Governance Handbook. Board members not in compliance with attendance requirements include:

   a. Dr Jingeng Liu (China) and his alternate Dr Junhua Zhang
   b. Dr Srinath Reddy (no alternate)
   c. Dr Kazem Behbehani (no alternate)
   d. Prof Samuel Kingue (no alternate)

32. The Secretariat further requested the Board’s guidance in view of the previous retreat discussions and the external evaluation findings, on the process to review the Board’s own effectiveness, and informed the Board on the current composition of its Standing and Nomination Committees respectively, for which meeting attendance was equally challenging.

33. The Board agreed to revisit the Standing Committee and Nominating Committee memberships, especially given the changing Board composition and context, and agreed that this process be undertaken by the Standing Committee.

34. The Board debated on the need to inform its members on their obligations as per the governance handbook and enquire of their commitment.

35. The Secretariat requested the Board’s guidance whether the Nomination Committee should fill the current 3 board vacancies, namely the vacant board member seat of the WHO SEARO region, and the more recently created two new Board seats, for the private sector for-profit, and the health worker positions, respectively.

DECISIONS RESULTING:

BM14DP12: The Board requested that the Nomination Committee approach the Board members not in compliance with attendance obligations, to confirm their continued interest in Alliance Board membership, reminding them of their governance handbook obligations. Should these Board members respond by not confirming continued interest, or should they and their alternates fail to attend also the next Board meeting, the governance handbook provisions concerning non-attendance might be applied, and relevant decisions taken on a case-by-case basis by the Board Chair in consultation with the Nomination Committee.

BM14DP13: The existing composition and the proposed revisions to the membership of the Standing and Nomination Committee will be presented by the Chair to the Board for endorsement as per clause P14 of the Governance Handbook.

BM14DP14: The Board requested the Nomination Committee to initiate nomination proceedings and present candidates for the vacant slots through the Standing Committee for the Board consideration.

Agenda item 7: Approach to mobilize Members and Partners
36. Prof Miriam Were presented on behalf of a working group she chairs (comprising representatives of Capacity Plus, AMREF, International Council of Nurses, African Platform, UNAIDS, Health GAP, Swasti, Universidad Peruana Cayetano Heredia), the initial steps taken to develop a strategy to galvanize the Alliance members and partners.

37. The Board debated on the challenges of Alliance member and partner ownership of the new strategy, and how indeed to engage its members more effectively to ensure their effective contributions to the Alliance activities. The leadership role of the Alliance Board was considered key in this success.

38. The Board advised the working group to consider the possibility of different levels of membership, with voluntary reporting and accountability expected of more pro-active ones, but no sanctioning mechanisms, which would not be consistent with the spirit of the Alliance.

39. The Board requested the working group to further debate and clarify the issues raised in terms of the process and/or criteria of membership, proposing ways to further specify the partnership model to contribute to the Strategy 2013-16, and the enhanced partnership model envisaged in it. The Board therefore tasked the working group under Prof Were’s lead to further elaborate and recommend the way forward with scenarios, as appropriate.

DECISIONS RESULTING:

BM14DP15: The Board noted the work of the group, welcomed for board member Carolyn Miller to join it, and requested the group to continue its review process and report on suggested scenarios for consideration by the Standing Committee.

Agenda item 8: Third Global Forum on Human Resources for Health

40. The Secretariat in consultation with the Board member from Brazil and the Board Chair proposed that the 3rd Global Forum for HRH be held in Brazil in the 4th quarter of 2013, informing the Board on the preliminary discussions of this possibility with the Secretary of Health, Brazil, Dr Mozart Sales.

41. The Board member from Brazil conveyed the Brazilian government’s preliminary commitment to fund local transportation and possibly participation of delegates from Latin America and Portuguese speaking developing countries. The venue proposed was Recife, which has good international flight connections and infrastructure.

42. The Board was of the view that the overarching theme of the event should link to the universal health coverage agenda, bringing together the HRH and health financing policy discourse. Maintaining momentum behind the Kampala Declaration and Agenda for Global Action, and showcasing some examples from Latin America were other suggestions that will contribute to the definition of the Third Global Forum objectives and agenda.

43. The Board noted the need to mobilize additional resources for the 3rd Global Forum, and identified the need to approach development partners which had co-funded the 2nd Forum. The definition of a clear focus and value added of the 3rd Global Forum is required to successfully mobilize the
DECISIONS RESULTING:

BM14DP16: The Board endorsed the decision to move forward in collaborative consultation with the government of Brazil on the organization of the Third Global Forum on HRH in Brazil in late 2013.

BM14DP17: The Board endorsed constituting a Forum Organization Committee under the Chair of Dr. Campos to initiate the planning of the 3rd Global Forum and to regularly report on progress to the Standing Committee.

Agenda item 9: Briefing on the Key Workplan Activities and Products

44. The Secretariat updated the board on a range of reports and products related to workplan activities of 2011 and 2012 which have now been completed or are in the process of being finalized. These included:
   a. Private Sector Task Force Report
   b. Midlevel Health Workers Systematic Review
   c. Policy Impact Assessment Tool
   d. HRH Toolkit and
   e. Partner Mapping.

45. The Board noted the need to make the task-sharing and task-shifting debate more evidence-based, and expressed great appreciation for the work related to mapping development partners’ contribution to HRH. In response to the Secretariat’s presentation of limitations and constraints in the analysis carried out, the Board noted the need to work with the development partners, who will have the primary responsibility of providing the relevant information, whereas the Alliance added value would be in disseminating the information as well as clarifying the different definitions used by donors on what constitutes HRH spending and making appropriate interpretations in trends within these limitations. The Board encouraged the Secretariat to explore all possible options to ensure wide dissemination of products once these are finalized and available.

46. The Secretariat clarified that dissemination of the findings was an integral part of the work, as exemplified by the side event at the World Health Assembly where the private task force report was launched, and the planned session at the 2nd Global Symposium on Health Systems Research, where the mid-level health workers systematic review will be presented (such dedicated dissemination efforts are in addition to traditional dissemination channels, such as electronic and hard copy dissemination of the reports to the members and other contact lists). The Secretariat welcomed the feedback given by the Board on the reports and products, and will reflect them in the planning and design of future related activities.

47. Board member, Bjarne Garden (NORAD) presented the process and the results of an initiative undertaken by the Secretariat to coordinate the agendas and outcomes of four recent meetings on related theme of Community Health Workers and Frontline Health Workers which were held in Amsterdam (KIT), Washington and Addis Ababa (USAID), and Nairobi (NORAD and EQUINET),
respectively. The Board noted the strategic and pivotal role of the Alliance Secretariat which facilitated the development of synergy among these 4 events by convening a side meeting in Nairobi in collaboration with the African Platform for HRH to harmonize messaging among the four events organizers and jointly carry forward their collective discussions.

DECISIONS RESULTING:

BM14DP18: The Board took note of and expressed appreciation for the progress in the development of key activities and products of the 2011 and 2012 work plans, and encouraged their wide dissemination once they are finalized.

BM14DP19: The Board took note and appreciated the role played by GHWA in coordinating and harmonizing advocacy and policy dialogue events around community-based and front-line health workers, indicating how this example of the Alliance value added is consistent with the enhanced partnership model envisaged in the new strategy.

Agenda item 12: Any other Business & Closing Remarks.

48. In closing, the Chair thanked the Board and the African Development Bank board membership for the hosting of its 14th meeting.

49. The Chair then formally closed its 14th Board meeting.

DECISIONS RESULTING:

BM14/DP20: The venue and date of the Next Board Meeting will decided by the Standing Committee as per previous tentative schedule shared with the board for 2012.

Final report:

Signature of Chair _______________________________  Date: 10 August 2012

Signature of Executive Director ___________________ __  Date: 10 August 2012