The Global Health Workforce Alliance (the Alliance)

Report of the 9th Board Meeting

Bangkok, Thailand

1-2 February 2010

This document presents the draft Report of the Ninth Board Meeting and includes all decision points made at that meeting. The Report is subject to ratification by the Board of the Global Health Workforce Alliance at its Tenth Board Meeting on 29-30 June 2010.
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1 This report for the most part follows the order given in the original, planned agenda. In reality, some agenda items were moved, were split into two sessions, or were merged with other items.
Participants

Members / alternates
Sigrun Møgedal; Bjarne Garden; Carissa Etienne; Manuel Dayrit; Eric Buch; Eric Friedman; Frances Day-Stirk; Francisco de Campos; Gustavo Gonzalez-Canali; Julian Schweitzer; Michel Kazatchkine presented by Mary Ann Lansang; Miriam Were; Samuel Kingue; Suwit Wibulpolprasert;

Apologies / absent
Estelle Quain; Junhua Zhang; Lincoln Chen; Otmar Kloiber; Thomas Hurley represented by Tshinko Ilunga

Secretariat
Mubashar Sheikh; Romana Rauf; Waranya Teokul; Laurence Codjia; Tunga Namjlisuren; Daniel Shaw; Nora El Segelaby; Concepta Ongaro.

Invited observers
Jim Campbell; Jim McCaffery
Deliberations of the meeting

Monday, 1 February 2010

Agenda item 1: Opening remarks, Approval of the Agenda, Appointment of Rapporteur

a) Opening Remarks

1. Amb Sigrid Møgødal, Chair of the Alliance board, welcomed all participants and invited the Executive Director and the World Health Organization (WHO), Health Systems Services (HSS), Assistant Director-General to speak.

2. Dr Mubashar Sheikh, Executive Director of the Alliance thanked the Chair, participating board members and the Alliance staff. On behalf of the Alliance, he also thanked Dr Suwit Wibulpolprasert and his colleagues for the generous hosting of the meeting. He recognized the presence of the WHO/HSS Assistant-Director General and invited her to speak.

3. Dr Carissa Etienne, WHO/HSS Assistant Director-General spoke briefly of the importance of the Board Meeting, and of the challenges and opportunities for the Alliance. She described the meeting as critical, and strategically looking toward to the 2011 2nd Global Forum in Bangkok, and beyond. She reminded board members that in creating the Alliance, and in its early days, the founders overcame challenges, and she encouraged those present to do the same again at this pivotal point. Dr Etienne touched on:
   a. the importance of staying constant to, leveraging and making the best of the Alliance's key roles of Advocator, Broker and Convenor
   b. the importance of playing a role in global Millennium Development Goal (MDG) efforts
   c. the relevance of developments concerning the high-level task force recommendations: "More money for health but also more health for the money"
   d. the need for the Alliance to be more present in International Health Partnership (IHP+).

Dr Etienne called for the Alliance membership and board to become very active at the country level, and to work synergistically while doing so. She appreciated the emphasis in the Alliance's strategic orientations document, and encouraged the focus to be at national level, where Human Resources Health (HRH) problems must be solved. "Thinking globally and fostering nationally: The Alliance needs to be opportunistic, striving towards synergies."

Finally, Dr Etienne expressed her pleasure at being present and said that WHO continues to depend on the Alliance to contribute to HRH. She conveyed her satisfaction with the strengthened degree of collaboration between HRH departments and the Alliance and emphasized the need for the two teams to bring even greater harmony in their planned activities.
4. Amb Møgedal thanked Dr Etienne for finishing on fostering synergies for local action, giving the example of the Alliance being hosted by WHO: "It is something we are very grateful for – only together can we make a difference".

5. All other board members and participants briefly introduced themselves, with new members being especially welcomed.

**Appointment of rapporteur**

6. As per the procedure of previous Board meetings, Prof Eric Buch was proposed and unanimously approved by the Board as rapporteur for the 9th Board Meeting.

**Adopting of the agenda of the 9th Board Meeting**

7. The agenda was adopted by the board members, with some slight re-ordering of items over the two days, at the discretion of the Chair.

**Other points of discussion**

8. Board members expressed their appreciation of the excellent preparation of the meeting, including very comprehensive documentation prepared by the Secretariat.

9. It was noted that there were two observers at the meeting and that there was a lack of clarity on the role of such observers at the Board meetings in general. It was proposed to decide on firmer terms of reference for the observer roles, to be aligned and included in the ongoing work on the Alliance governance (as discussed under agenda item 11)

10. The Chair noted that there was little structure and input into Board communications between meetings. It was proposed to explore the need and nature of these communications, to be aligned with the current work on the Alliance governance (as discussed on day 2)

11. Appreciation was expressed to the Thai hosts for their excellent organization and welcome.

**DECISIONS RESULTING:**

**BM9/DP1:** The Board thanked the Secretariat and the hosts in Thailand for their preparation activities and documentation, and welcomed the invited speakers and observers to the 9th Board Meeting.

**BM9/DP2:** The Board approves the nomination of Prof Buch as the rapporteur for the 9th Board Meeting.

**BM9/DP3:** The Board approves the agenda of the 9th Board Meeting.
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BM9/DP4: The Board will work with the Secretariat in its work on the Alliance governance to clarify, determine and formalize the roles and rights of observers at Board Meetings.

Agenda item 2: Minutes of the 8th Board Meeting, the July Mini-Retreat and the Standing Committee Meeting (2009)

Dr Sheikh presented the Minutes of the 8th Board Meeting (Doc 2.1), the July 2009 Mini-Retreat (Doc 2.2) and the Standing Committee Meetings held on 16 October and 7 December (Doc 2.3). These had been previously circulated and were unanimously endorsed by the board.

DECISIONS RESULTING:

BM9/DP5: The Board endorsed the minutes of the 8th Board Meeting, as distributed and signed.

BM9/DP6: The Board endorsed the minutes of the July 2009 Mini-retreat, as distributed and signed.

BM9/DP7: The Board endorsed the minutes of the 16 October and 7 December 2009 Standing Committee Meetings, as distributed and signed.

Agenda item 3: Report by the secretariat

16. Dr Sheikh presented the Secretariat’s Report to the Board, detailing activities and developments since the 8th Board Meeting in China (Doc 3). The document reports back on Board and Standing Committee decisions while looking at the new environment and contemplating upcoming work. In terms of products, particular attention is given to the County Coordination and Facilitation work as a pillar and item running through much of the Alliance’s other activities. In addition to ongoing activities, the Secretariat has begun a reflective process, looking at lessons learnt, at strengths of the Alliance and its opportunities. The result is a dynamic work plan for 2010. It was requested for specific comments to focus on the Country Coordination and Facilitation Process (CCF), which was not covered in a separate agenda item whereas many other subjects will be discussed in subsequent sessions.

17. Following the presentation, discussion among the board members focused on the impressive nature and amount of activities completed and ongoing, on the comprehensive documentation provided, on the work plan and funding for projected activities and on the CCF and work in countries. There were also exchanges on work with partners, such as WHO and the World Bank.
18. The Board confirmed GHWA's identity as an alliance of concerned and committed members and partners representing the full spectrum of public and private stakeholders including national governments, international agencies, academic institutions, health care professional associations, finance institutions and civil society organizations, working to enable "access for all to a skilled, motivated and equipped health worker" and to support the achievement of the health-related MDGs and universal access.

19. It was noted that significant activity and progress in key areas of work has been documented and reported, responding to GHWA's strategic framework for "Moving forward". While the Executive Director's report to the Board was not specifically structured around the six areas of work and the outcome indicators specified in the strategic framework, substance and documentation relating to each of the elements of the framework were presented and discussed.

20. The Board recognized significant progress that has been made in spite of reduced levels of staffing and funding for the Secretariat, which has had an impact on results and will create constraints to achieve overall outcomes at the anticipated levels over the three year period.

21. The preliminary financial statement for 2009 (annual accounts not yet finalized) reported expenditure against the six areas of work set out in the strategic framework. The Executive Director was asked to follow up with the production and dissemination of an Annual Report that specifically addresses progress and outcomes - structured around the same activity areas, including progress against the agreed indicators for each area. This will make it possible to link investments and progress.

22. The Board agreed that based on the available information and monitoring the related developments, it can be stated with considerable confidence that GHWA and its partners have succeeded in advocacy for recognition of human resources for health (HRH) as possibly the most critical element in ensuring coverage and access to health services.

23. In terms of country actions, it was recognized that GHWA does not have the role or the capacity of an implementer. Its focus is through its membership and through catalytic engagement to promote synergies across actors and stakeholders around the necessary steps that need to be taken at country level, such as the processes relating to national health system planning and financing and the interface with the health workforce "market" - and in bringing together data from different stakeholders and monitoring progress. GHWA has however demonstrated that the alliance can contribute through facilitating and convening the broad membership around national processes that seeks to assess gaps and options and promote synergies in actions across stakeholders. The Board noted definite progress in this area through the work on convening around the CCF approach. It was recognized that CCF is not a new structure, but as a process to fit into existing mechanism, it also includes instruments and processes that can accelerate necessary changes, tailored to the situation of each country, with the objective of improving coordination around HRH
issues. Real life examples of how this effort has made a difference to leadership and gap analysis in countries, as well as learning together across countries need to be captured and communicated on regular basis. The board also welcomed and endorsed the proposal to hold the 4th CCF consultation in El Salvador.

24. The Board noted that while major progress can be noted in countries taking leadership and setting out their HRH plans, concrete steps to make the necessary change in financing, organization, regulation, production, distribution and retention of health workers are still lagging behind in many countries and need to be urgently addressed by the key stakeholders in countries, and supported by development partners. In these areas GHWA can continue to contribute through its functions of advocacy, brokering knowledge and convening concerned stakeholders.

25. Dr Manuel Dayrit briefed the board on dovetailing and intersection of the Alliance and WHO/HRH activities. As examples, he picked out four specific items: the Code for the International recruitment of Health Personnel; the Alliance funded masters course in HRH management to be run by an international consortium of institutions, and given in Africa; Health Information Reference Group (HIRG) work, particularly monitoring and evaluation; and interaction with the CCF, specifically the strengthening of institutions within countries that are actually involved in education. The Board recognized the flourishing special relationship with WHO and encouraged its continuity.

26. Prof Samuel Kingue shared the very promising example of the difference CCF has already made at the country level in Cameroon. Empowered by the CCF and the backing of the Alliance, a national process has already taken the country in a matter of weeks from having almost no HRH capacity to being on the point of completing work on a formal HRH policy. This direct example of Alliance facilitation and leadership was recognized and appreciated by the board.

DECISIONS RESULTING:

BM9/DP8: The board acknowledges and endorses the Secretariat Report to the 9th Board Meeting of the Alliance, recognizing the impressive amount of work that has been achieved since their last meeting.

BM9/DP9: The Board encouraged the Alliance secretariat to continue and further strengthen its special collaborative partnership with WHO.

BM9/DP10: The Board endorses the proposal to use membership and partners to accomplish country work, with the Secretariat playing more of a convening role than an implementing role. It was also agreed that whenever needed MOUs or similar other arrangements with partners will be used to formalize the bilateral collaboration. It was noted with satisfaction that considerable progress is already made in this context with the World Bank, PMNCH and AHPSR.
BM9/DP11: The Board urged to sustain the CCF work with focus on building national and institutional capacities and outcomes as proposed in the follow-up action plan.

BM9/DP12: The Board asked for the production and dissemination of an Annual Report for 2009 that specifically addresses progress responding to the six areas of work and the outcome indicators specified in the GHWA strategic framework, “Moving Forward from Kampala”.
Agenda item 4: Policy challenges, opportunities and way forward

27. Dr Sheikh presented the document "Global Approach, Local Action - Strategic orientations for the 2010-11 biennium and beyond" (Doc. 4), emphasizing the Alliance's accomplishments so far, and the continued commitment to the founding goals, objective and vision of the Alliance, the Kampala Declaration and the Agenda for Global Action. Next to this renewed dedication to the Alliance principles and values, he contemplated the emerging issues now faced in a changed environment. While proposing potential directions and activities as a response, Dr Sheikh emphasized the role of partners in addressing issues as part of the Alliance, alongside secretariat.

28. The breadth of new issues presented was recognized by the board and a discussion then followed on how to choose which aspects to address: What focus should the Alliance have guiding its activities in the mid-term in the context of the 2nd Global Forum and the MDGs.

29. In asking Board members to mull over these issues, the Chair asked that a practical approach has to be taken, "balancing action with ambition".

30. The Chair recognized input from some members via electronic discussion (as per the Standing Committee's request). The Chair recommended that the issues presented in "Global approach, local action" should continue to be discussed in the coming months. In the meantime, at the 9th Board meeting, the Chair requested that board members focus on pages 14-17 of the Strategic Orientations document.

31. The Board proposed the following amendments to the text.

32. With reference to page 14, section (a), the Board proposed to restructure the emerging issues and priorities around an MDG focus, leading up to 2nd Forum and MDG summit.

33. On page 14, section (b), it was agreed to tweak language to be clear that forming any sort of concrete physical fund is currently unrealistic, but that encouraging a predictable amount of money to be dedicated from health system funding toward HRH was a good idea. The Board requested a re-wording of page 15, section D "Centres of excellence", so that, rather than emphasizing the network aspect, there would just be a focus on facilitation for the creation of centres of excellence.

34. The Board requested a re-wording of section C (pp. 14-15) on alliances. It should be changed so that 'integrating into' does not sound as though the Alliance will merge with other entities.
35. The Board endorsed the proposal at page 16, section (f), that urgent internal self-assessment is important, especially in the build up to the 2nd Forum, so that the Alliance arrives at the Forum with a renewed sense of identity. The priority should be first arriving at a statement describing the added value of the Alliance in clear terms. Thereafter the exercise should be urgently completed, moving rapidly to resource mobilization. The scope of work of the process was discussed and agreed in a small group (annexe 1).

**DECISIONS RESULTING:**

**BM9/DP13:** The Board acknowledged the rationale and the issues laid out in "Global Approach, Local Action" as the base for continued discussion during and subsequent to the board meeting.

**BM9/DP14:** The Board requested the Secretariat to reword specific sections on pages 14-17 of the document "Global Approach, Local Action", as detailed in the report of the 9th Board Meeting.

**BM9/DP15:** The Board approved the scope of work statement for self assessment developed during the group work. It was decided that this will act as a self-analysis to contribute to a forward-looking exercise as the Alliance approaches the fifth year of its ten year mandate in 2011.

**BM9/DP16:** A small group drawn from the Board and wider partnership/membership will work with the Secretariat in carrying forward this self-assessment, under the coordination of Dr Gustavo Gonzalez-Canali. The self-analysis should be complete before the next Board meeting.

**BM9/DP17:** The Board will also develop a value proposition statement for the Alliance to enhance partners’ understanding of the Alliance. The statement will especially focus on GHWA’s value added and GHWA’s deliverables in order to strengthen resource mobilization. The statement will be developed on an accelerated basis. The board requested Dr Julian Schweitzer to take the lead role in its development.
Agenda item 5 - Global Experience of Community Health Workers (CHWs) for Delivery of Health Related Millennium Development Goals: A Systematic Review of Country Case Studies, and Recommendations for Scaling Up

36. Facilitated by Ms Laurence Codjia, Dr Zulfiqar Bhutta presented by video conference the systematic review report (Doc. 5). As Dr Bhutta explained, many countries are investing in cadres of Community Health Workers (CHWs) in order to mitigate the shortage of health personnel and to attain the health related MDGs. With the financial support of the USAID, the Alliance commissioned a study to evaluate the impact and effectiveness of CHWs in delivering care related to health and nutrition MDGs. The study team undertook a global systematic literature review coupled with case studies in 8 countries, focusing on typology of CHWs, training practices, supervisory practices, standards for evaluation and certification, deployment patterns and in-service training, while the case studies aimed to evaluate the impact and performance assessment of the practices of CHWs.

37. The report produced a series of important findings with accompanying recommendations. The main policy recommendations from the study were summarized as follows:

a. CHWs should be explicitly included within the HRH strategic planning at country and local level.
b. The country plan of action to develop and improve CHW programs should be finalized by a working group of relevant multiple stakeholders.
c. For effective implementation, the CHW program should:
   i. Be based in and respond to community needs
   ii. Assure that a core set of skills and information related to MDGs are provided to most CHWs
   iii. Regulate a clear selection/ deployment procedure
   iv. Be supported by provision of requisite and appropriate core supplies and equipment to enable appropriate functionality of such workers
   v. Establish referral protocols with community-based health and social service agencies

38. Now that the study is complete, Dr Bhutta outlined the proposed next steps:

a. Disseminate the findings from this report to policymakers, health care delivery organizations, and to organizations in charge of developing HRH programs.
b. Organize an international consultation on CHW study and a global review to draw attention to key aspects of the community component and planning process, help clarify issues and address practical questions related to operationalization of these findings.
c. Collaborate with other partners to undertake further studies and reviews to address the gaps identified in the report.
39. The Board applauded the excellent work done through the review and noted that the key lesson is that CHWs should be integrated into the health system. It was felt that the Alliance needs to take leadership in breaking new ground on policy and strategy, and therefore to immediately take this study further.

40. The Board agreed with the secretariat to go ahead with plans to hold a consultation in the second quarter of the year in collaboration with Liverpool School of Tropical Medicine to validate the recommendations of the study.

DECISIONS RESULTING:

BM9/DP18: The board encouraged the secretariat to take leadership in breaking new ground on policy and strategy by taking follow up measures on the CHW study recommendations

Agenda items 6 & 8

41. In an attempt to save time at the meeting, Agenda items 6 and 8 were presented together and therefore discussions on both items were, combined.

Agenda item 6: Country Profiles for HRH Planning, Collaboration and Monitoring

42. Ms Codjia presented an update on the work facilitated by the Alliance on developing country profiles. The profiles are developed on the basis of a common template providing both quantitative and qualitative analysis using secondary data from each country. The Alliance and WHO/HRH are providing the overall coordination and support, as well as facilitating interregional exchange and sharing, which includes technical and financial support to the regional partners and the countries.

43. Ms Codjia elaborated on the 32 country profiles that have been drafted in Africa, with 6 already finalized. Country profiles are expected to contribute to monitoring progress in relation to the Kampala Declaration. These can also to be used as a tool to translate the available information into technical and policy briefs. These briefs could be a powerful instrument for the Country Collaboration and Facilitation process for use by all of the stakeholders for appropriate HRH actions. The challenge will be to finalize quality country profiles in each of the crisis countries. Along with this, it will be necessary to improve the quality of HRH information systems.
Agenda item 8 - Baseline Report of Tracking Survey (Kampala Declaration and Agenda for Global Action)

Ms Waranya Teokul presented the latest update on the baseline for the tracking survey. The Alliance Secretariat submitted the set of progress indicators to the 7th and the 8th Board meetings. Subsequently, in collaboration with WHO, the Royal Tropical Institute (KIT), Amsterdam, was commissioned to undertake a desk study on policies and practices that respond to the HRH crisis in 57 crisis countries. Based on the database from the tracking survey, the Secretariat of the Alliance conducted analysis on the implementation of KD and AGA according to progress indicators submitted to the 8th Board Meeting. The results of the tracking survey showed that while nearly all countries have implemented KD1, there is a great variation between countries on the number of other KD elements implemented. The Board congratulated the Secretariat for its work in these two areas.

44. Dr Eric Friedman, at the request of the Chair, provided his detailed comments to represent the reactions of the Board:

a. If possible, the country profile template should be updated to capture evolving thinking and emerging issues, such as whether and how countries are meeting health worker needs of neglected groups, such as indigenous populations.

b. Independent contributions should be a part of the country profiles (as the current country profiles on the Alliance website (such as for Cameroon) have. Countries would likely welcome this, as it is more information to take into account, even if they don't necessarily agree. It would need to be made clear that these are independent contributions.

c. As much as possible, this should aim to be a truly multi-stakeholder process. For example, the CCF led discussions should not only see the final version, but be able to input into profile before it is finalized. This could confirm accuracy and capture different information and issues not otherwise included in the profile.

d. The monitoring and country profiles could feed into the HRH status report at the second forum. It could be a powerful combination to include the actions, processes, structures, etc., captured by the KD/AGA monitoring with the data and other information in the country profiles.

e. The information from the KD/AGA monitoring could be a powerful advocacy tool at the MDG summit, given the huge gaps it shows in progress for many countries and many dimensions of the needed response.

45. There was debate between board members on whether, although there are political challenges, country names should be made known in the assessments. Whereas some members considered it more accountable, others were wary of the sensitivity of performing such comparisons.

46. The board encouraged the Secretariat to create linkages between both items of work into the CCF.
47. For the Reference Group it was decided that the working group should look at the scope of work and its membership and TORs. The resulting decision was that the Board agreed to include within the mandate of the ToRs for the Reference Group the work and results of the other Alliance supported initiatives (e.g., Positive Practice Environment (PPE), Health Workforce Advocacy Initiative (HWAI)), along with the work and results of the Alliance Task Forces and Technical Working Groups.

48. The Board endorsed the Working Group, led by Dr Wibulpolprasert to take forward the monitoring work on KD and AGA

DECISIONS RESULTING:

BM9/DP19: The board requests the production of 1-pagers on agenda items 6 and 8

BM9/DP20: The Board agreed to include within the mandate of the ToRs for the Reference Group the work and results of other the Alliance supported initiatives (e.g., PPE, HWAI), along with the work and results of the Alliance Task Forces and Technical Working Groups.

BM9/DP21: The Board endorsed the Working Group, led by Dr Wibulpolprasert to take forward the monitoring work on KD and AGA

Tuesday, 2 February 2010

Agenda item 7: Code of Practice

49. The Chair briefly recalled the history of the Code of Practice.

50. The Alliance has followed the process of the Code up to this point and has been part of the activist group to drive it through Health Worker Migration Global Policy Advisory Council. Following the recommendation of the WHO Executive Board (EB) to include the Draft Code on the International Recruitment of Personnel on the World Health Assembly (WHA) agenda, the Alliance needs to look and see whether it will continue to have a role. The Chair requested Dr Dayrit and Dr Etienne to give their perspective.

51. Dr Dayrit gave an update on the WHO Draft code for the International Recruitment of Health Personnel.

52. At the 126th EB WHO/HRH succeeded in seeing the Code proceeding to the WHA. Some small amendments have been requested and the WHO secretariat will integrate those going into the WHA.
53. Dr Etienne then clarified that although the EB had not requested a revised code it was considered necessary and the draft was revised based on the WHO Regional Committee deliberations. She informed the Board that there is still a divide between developing countries and developed countries on the code. The main sticking points are the voluntary nature of the code and the issue of compensation. The federate states did have concerns because they could not conform to what states would do in terms of reporting, recruitment practices. This success at the EB could be considered a first step, and that the code could be improved at successive WHAs.

54. It was postulated that the Alliance could make sure that things have been discussed well within countries leading up to the WHA, although the matter is very finely balanced at the moment.

55. It was suggested by various board members that the Alliance could immediately post a message of support for the code. Subsequently, a small group drafted the statement which was approved by the board for immediate publication on the Alliance web site.

56. The approved statement reads as follows:

The Global Health Workforce Alliance (the Alliance) Board warmly appreciates the ongoing process of Code development and congratulates the 126th Session of the WHO Executive Board for its decision to submit the draft Code to the 63rd World Health Assembly.

In May 2007, the Alliance convened and facilitated the Health Worker Migration Initiative that worked with WHO in support of developing a framework for the draft Code. During the First Global Forum on Human Resources for Health in March 2008, the Alliance endorsed the Kampala Declaration and Agenda for Global Action, further promoting the Code. In December 2008, the Alliance Board also encouraged the accelerated action by WHO in this regard.

The current progress has been achieved as a result of discussions at all six WHO Regional Committees and national consultations, involving participation by many stakeholder groups. The process has been participatory and inclusive. The UN ECOSOC meeting and the G8 Summit in July 2009, and the UN General Assembly in December 2009 have encouraged WHO to finalize a Code of Practice for international recruitment of health personnel.

As the nature of the draft Code requires global collaboration and information sharing, in particular, on international movement of human resources, the Alliance encourages all WHO Member States and partners to work together in implementing the Code, once adopted. As we move forward, the Alliance commits itself to facilitate and support the sharing of information among all Member States and stakeholders.
DECISIONS RESULTING:

BM9/DP22: The Board congratulated WHO and recognized the significance of the WHO Executive Board's approval of the Draft Code on the International Recruitment of Personnel for inclusion in the agenda of the 2010 World Health Assembly.

BM/DP23: The Board approved the statement of support for the Code on the International Recruitment of Health Personnel, to be published as soon as possible on the Alliance website.

Agenda Item 9: Second Global Forum 2011 - Sustaining HRH Movement

57. Dr Francisco de Campos and Ms Waranya Teokul presented the update to the board on preparations for the 2nd Global Forum on HRH. They reminded the board that at the 7th Board meeting of the Alliance, it was agreed to hold the 2nd Forum on Human Resources for Health in Bangkok, Thailand to be jointly convened by Alliance, the Prince Mahidol Award Conference (PMAC), the World Health Organization (WHO) and the Japan International Cooperation Agency (JICA) in the first quarter of 2011.

58. Subsequently, to the decision of the 7th Board meeting the Alliance Secretariat has undertaken the following preparatory activities so far:
   - Identification of the thematic focus of the 2nd Global Forum:
     a. A small group consultation on 14 July 2009 on the Proposed Thematic Focus of the 2nd Global Forum on HRH, led by Francisco de Campos
     b. An on-line survey on the Proposed Thematic Focus, as recommended by the small group consultation, during August-September 2009
   - Organization of a joint planning workshop among the co-hosts of the Forum on 3-4 December 2009.

A proposal has been developed based on the outcomes these activities. Upon approval by the Board and the co-hosts of the Forum, it will be used to guide preparation processes for the organization of the 2nd Global Forum.

59. The Board was requested to consider its changed role in the 2nd Global Forum, when compared to the 1st Global Forum. When the Alliance organized the 1st Global Forum in 2008, the Alliance was the main sponsor thus the Board and the Secretariat had full authority in all decision making. The 2nd Global Forum will be jointly organized by four main co-hosts, namely, the Alliance, WHO, PMAC and JICA, and overseen by the International Organizing Committee. To avoid any confusion, there should be clarity that the Alliance would be the convener of the Global Forum, as stated in the Kampala Declaration while WHO, PMAC and JICA are co-hosts. Moreover, although all co-hosts are equal partners, the Alliance will be held accountable for the follow up activities and convening forums. Clarifying these matters early on could avoid potential conflict that might otherwise arise in some areas such as the leadership and accountability of the forum and the branding of the forum.
60. Discussions of the Board recognized the preparatory work already done and contemplated essential logistics such as the choice of venue for the forum and the number and nature of participants. It was agreed that the nature of the participants should be very clearly defined to ensure focus and a controllable number of participants. It was accepted that number of participants should be less than the 1500 present at the 1st global forum in Kampala. A provisional revised number of participants were stated as 900-1000.

61. Recognizing the United Nations Conference Centre (UNCC) Bangkok could be an appropriate meeting venue, the Board recommended that the proposal to hold the Forum there be reviewed once the nature and number of participants had been finalized, to make sure it meets all necessary requirements.

62. Regarding the nature of the Forum, it was agreed to maintain a balance between technical, political and advocacy elements.

63. The Board recognized the International Organizing Committee (IOC) and endorsed its role and the implications for governance of the Forum.

64. In the spirit of progressive inclusiveness in alignment with the Alliance principles and values, it was agreed that the Forum should include translation in French and Spanish.

65. The provisional cost of the forum of approximately US$ 5 million was recognized by the Board. It was decided that for contributors to be considered co-hosts, a significant contribution must be made.

DECISIONS RESULTING:

BM9/DP24: the Board approved the mix of technical and policy themes at the 2nd Forum without losing the advocacy element

BM9/DP25: The Board recognized equal role of all co-hosts in the decision making process for the 2nd Forum with the Alliance as the convening organization and responsible for following up and reporting on the outcomes to the future foras.

BM9/DP26: The Board recognized and endorsed IOC as the policy and strategic body for the 2nd Global Forum on HRH.

BM9/DP27: The Board recognized the working figure for the cost of the forum as US$ 5 million. It was also agreed in principle that all the existing and potential co-sponsors must make a significant enough contribution to be considered as a co-host.
BM9/DP28: The Board recognized the need to limit the number of participants at the 2nd Global Forum to a maximum of 1000.

BM9/DP29: The Board recognized the excellent facilities of the UNCC in Bangkok, and decided for it to be reviewed as the Forum venue once basic logistic elements were decided, in order to ensure it is appropriateness.

BM9/DP30: The Board decided that the Forum should include translation into French and Spanish.

**Agenda item 10: Work plan and budget 2010**

66. Dr Sheikh presented the Work plan and Budget for 2010 to the Board, using the format required by WHO internal procedures. Discussions circled on the changed financial environment, with fundraising being less predictable and secure for almost all organizations at this time.

67. It was decided that Dr Bjame Garden, Prof Eric Buch and Dr Mubashar Sheikh will review the proposed work plan and budgetary situation and formulate recommendations for the consideration of the board. Subsequently additional members of the board joined the discussions.

68. Subsequent to briefing by Dr Garden on behalf of the group, the Board confirmed that the work plan presented by the Secretariat indeed responds to the Alliance strategy and captures the value addition of the Alliance. The Board also confirmed the need for significant resource mobilization for 2011, while adjustments would need to be made in the existing work plan. In more detail, the Board, taking into account various factors, made the following observations:

a. depending on confirmation of pledges and anticipated funding, the estimated economic resource availability for the Alliance for 2010 ranges between an upper scenario of approx. USD 11.5 m and a lower scenario of approx. USD 8.1 m;

b. cost estimates of the proposed work plan, when all activities added, totals USD 11.78 m;

c. the main part of the funding presently available for 2010 has to be spent by the end of 2010 as per conditions in contracts for the funding arrangements;

d. the proposed work plan, tabled according to the WHO template and then crosschecked against the six strategies of the Agenda for Global Action (AGA) and against the Kampala Declaration (KD) as the Alliance’s points of departure for its work, responds satisfactorily to these given parameters;

e. within the various components of the proposed work plan, there is room for flexibility to adjust to the economic realities as they may vary for 2010, and maintain an adequate focus and allow for prioritization while still responding satisfactorily to the AGA and the KD even with the lower scenario;
f. the plan be adjusted to the correspond to the lower funding scenario as the starting point until further funding is secured and which first be carried to 2011 rather than increase the 2010 budget, to the extent possible when negotiating new funding arrangements;

g. the costs of the Secretariat, its functions and capacity may within this frame have to be adjusted from the estimated USD 3.7 m downwards towards approx. USD 3 m in accordance with the economic reality as it evolves through the year, without implications that significantly could impede on the Alliance’s mission and performance;

h. given the Alliance’s mission as a knowledge institution, the Secretariat be viewed as an investment and common good in itself as opposed to just an expense, and as much as possible safeguard its valued capacity and competencies; and

i. adequate resources for 2011 are not yet secured and have to be secured by May/June 2010 so as to manage the obligations and contingencies inherent in continued operations and in accordance with WHO regulations and requirements,

DECISIONS RESULTING:

BM9/DP31: The Board recognized that the proposed work plan responds satisfactorily to the requirements given for the Alliance in the AGA and the KD, and the Board approves its direction and priorities in principle.

BM9/DP32: The Board requests the Secretariat to prepare an adjusted work plan in accordance with the lower economic resource scenario for 2010 for the Standing Committee to approve, and to increase if and when further funding allows for it while prioritizing first of all to set aside resources for 2011

BM9/DP33: The Board will engages in an immediate and intensified resource mobilization exercise to secure the Alliance’s operational costs into 2011 and further, with the active and focused involvement from the members of the Board.

Agenda item 11: Governance Handbook: Implications and Application

69. Mrs Romana Rauf presented the final draft of the Governance Handbook to the board for their consultation and approval. She explained that the Handbook will serve as a tool to provide all members with up-to-date governance information for their reference. In addition, it supports policy based governance which focuses on the vision, strategic issues, policy making and oversight; leading through delegated authority with clear boundaries; and empowering staff to make day to day operational decisions.

70. This Governance Handbook was presented to the 7 December Standing Committee which nominated Dr Gonzalez-Canali as the focal person to work with the Secretariat on this issue. The Standing Committee had further requested that the finalized draft governance handbook be presented to the Board for approval on 1-2 February 2010, following some amendments, which
have been integrated. The proposed amendments were reflected in the minutes of the meeting and shared with the Board members.

71. The Governance Handbook is in compliance with the existing MOU between the Global Health Workforce Alliance and the World Health Organization.

After confirmation from Dr Gonzalez-Canali that the reused draft of the Handbook incorporates all suggested amendments, the Board approved it and thanked the secretariat for its preparation.

**DECISIONS RESULTING:**

**BM9/DP34:** The Board adopted the Governance Handbook and asked the secretariat .... for implementing the policies and procedures outlined in the document.

**BM9/DP35:** Requested Dr Gonzalez-Canali to work with the Secretariat to monitor the adoption of the Governance Handbook and report back to the board on a yearly basis.

**Agenda items 12 and 13: Executive session (closed sessions)**

The decisions of the executive session will be circuited separately.

**Agenda item 14: Any other business**

72. It was agreed that the next Board meeting would be held on 29-30 June 2010, in Geneva, Switzerland.

73. In closing, Dr Sheikh thanked Dr Wibulpolprasert and the hosts for their excellent welcome, generosity and facilitation of the meeting.

74. Dr Sheikh on behalf of the secretariat team conveyed the satisfaction with the outcomes of the meeting and the clear way forward for the coming months. He expressed his thanks to the Chair, Board Members and Staff for their support and continuation. Thanks were also given to the rapporteur Prof Buch and Mr Daniel Shaw for documenting the deliberations and decisions of the meeting.

**DECISIONS RESULTING:**

**BM9/DP36:** It was agreed that the next Board meeting will be held on 29-30 June 2010, in Geneva, Switzerland.

**BM9/DP37:** The Alliance thanked the hosts for their warm and generous reception and facilitation for the meeting.
Final report:

For the Board: Amb Sigrun Mogedal (Chair)

For the secretariat: Dr Mubashar Sheikh (EXD)

Agreed by the Rapporteur Prof Eric Buch

Date: 30 March 2010