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Message from the Chair and Executive Director

This Report is the successor to the Alliance’s Catalyst for Change annual report for 2009. As such, it not only spans the Alliance’s activities and events in 2010, it also builds a bridge between the encouraging recent past and the promising near future. It connects what the Alliance has already achieved with what it aims to achieve in the coming years. And it reconnects the Alliance with the fundamental values that drive it and inspire health workers everywhere.

The year 2010 was the Alliance’s best year yet, marked by impressive progress in the overall drive to tackle the health workforce crisis, by galvanizing the efforts of its broad network of members and committed partners. This network continues to expand, with partners and members sharing the same determination to resolve the crisis and help develop human resources for health (HRH), in accordance with the Alliance’s guiding principles, strategic framework, and internationally-agreed guidance.

A summary of the main Alliance achievements is contained in the introductory section, but some can be touched on here:

In 2010, the Alliance firmly established its place on the global stage and reaffirmed its unique added value:

“The Alliance is the only global entity devoted entirely to helping resolve the crisis in human resources for health.”

2010 was the year when the Alliance’s Country Coordination and Facilitation process, critically important for intersectoral coordination, was rolled out in 16 countries around the world, significantly enhancing national efforts to improve HRH.

2010 was the year when three years of hard work by the Alliance and its partners on the WHO Global Code of Practice on the International Recruitment of Health Personnel bore fruit with the Code’s approval by the World Health Assembly.

2010 was the year when the Alliance demonstrated the vital importance of the health workforce to the Millennium Development Goals on fronts such as maternal and child health and universal access to HIV/AIDS services, including a call for up to 3.5 million new health workers.

2010 marked the year when the long journey from Kampala culminated in the Second Global Forum in Bangkok in January 2011, drawing more than 1,000 participants from across the world to renew their commitment to the health of people in greatest need, and recognizing individual health workers and country progress with the first Alliance awards programme.

As last year’s report indicated, the Alliance is indeed a catalyst for change. This year’s report is very much about how the Alliance is bringing change about, through its powerful network of member organizations, its global influence and its impact in countries. It also demonstrates the added value that the Alliance is bringing to the actual values that motivate and sustain health personnel every day and everywhere.

These are the values that uphold the sanctity of human life, that recognize health as a human right, that underpin the concepts of “health for all”, of universal access and primary health care.

They are the values of equity and social justice, and of responsiveness of health systems to the needs and expectations of patients and citizens – and of health workers, too. The Alliance is guided by these enduring values - they are embedded and reflected in its own vision and mission. It promotes them in its daily interactions with its expanding network of partners and stakeholders – and with so many of the talented and dedicated health personnel like those who brought such remarkable energy and enthusiasm to the Bangkok Forum and were an inspiration to everyone.

One vital aspect of the Alliance’s added value can be seen in the intersectoral role it plays. And this is fully in line with the landmark Declaration of Alma-Ata in 1978. It says that a cornerstone of achieving “health for all” requires the action of many other social and economic sectors in addition to the health sector.

Acting with its hundreds of members, this is precisely what the Alliance does every day - prompting action by bringing together those other sectors through its partnership with governments, donors, nongovernmental organizations, multilateral and bilateral organizations, research institutions and the private sector. It is about working with people, face to face whenever possible. The “health for all” campaign logically led to today’s emphasis on the social determinants of health – in which the Alliance is powerfully engaged.

In 2010, the Alliance demonstrated its added value more clearly than before. It will continue to do so, displaying and delivering that “something extra” at every opportunity.
Introduction

“The Second Global Forum on Human Resources for Health comes at a time of considerable optimism.”
UN Secretary-General Ban Ki-moon, January 2011

The message that UN Secretary-General Ban Ki-moon sent to the Forum in Bangkok in January 2011 sums up much of the spirit of 2010 as witnessed by the Alliance, and is quoted here as a way to look back at the reasons for optimism which arose during the year. For the Alliance, there were notable steps along the road to Bangkok, but there was also real progress on a number of other important Alliance pathways.

Three of these relate to the core functions often known as the ABC of the Alliance – advocacy, brokering knowledge and convening diverse stakeholders:

→ through the Alliance’s global advocacy efforts, HRH has been mainstreamed in the global health policy and development discourse;
→ in brokering knowledge, the Alliance has published and disseminated groundbreaking new evidence on effective HRH approaches to policy-makers;
→ by convening, the Alliance has brought partners together to support the development and implementation of sustainable HRH solutions at the country level and globally.

These actions are essential. Challenges are inescapable. More than a quarter of the world’s countries still lack the minimum number of health workers they need to deliver essential health services.

The Alliance recognizes that in a period of global economic austerity, the challenges in human resources for health are growing more complex. Countries are cutting their domestic health budgets and reducing their support to other nations. Donors are making painful decisions about who they can still help, or can help no longer. These are hard times, and hard times imply harder work. Today the Alliance is working harder than ever on behalf of countries, donors, partners, and stakeholders. Its focus now and for the future is on helping achieve real solutions where they matter most – in the countries it serves.

Amid all the human and financial shortages, there is unfortunately no shortage of obstacles to progress. But the spirit of 2010 was also positively expressed at the Alliance Board meeting in June, 2010: “We need to move from stating the problem to acting on solutions.”

Throughout 2010 and into 2011, there were many outstanding action-oriented examples of progress towards this end. The key achievements are summarized in this report and include:

→ the roll-out of the Country Coordination and Facilitation process and its impact on HRH development in 16 crisis-hit countries;
→ greater involvement of community health workers in these and other crisis-affected countries;
→ the adoption of the voluntary WHO Global Code of Practice on the International Recruitment of Health Personnel at the World Health Assembly in Geneva in May 2010;
→ the Alliance’s wide range of work on the Millennium Development Goals;
→ the Alliance progress report on the Kampala Declaration and Agenda for Action; and

For the Alliance itself, 2010 ended with a moment of transition. In December the Board selected Dr Masato Mugitani, Assistant Minister for Global Health at the Ministry of Health, Labour and Welfare in Japan, as its new chair-elect. Dr Mugitani, a tireless advocate for health, took over as Alliance Chair in January 2011, succeeding Dr Sigrun Møgedal, of the Norwegian Government, who had served in that role with great distinction.
Alliance history at a glance

Key milestones

April 2006
Launch of World Health Report 2006: Working together for health

May 2006
Launch of the Alliance, World Health Assembly, Geneva

March 2008
First Global Forum on Human Resources for Health: Kampala Declaration and Agenda for Global Action

June 2007
Alliance organizes Human Resources for Health in Africa conference, Douala

2009
Moving forward from Kampala strategic framework (2009-2011) adopted. Launch of Alliance Country Coordination and Facilitation process (CCF)

January 2011
Second Global Forum on Human Resources for Health, Bangkok

May 2010
World Health Assembly, Geneva, adopts the WHO Global Code of Practice on the International Recruitment of Health Personnel

December 2010
Number of Alliance members and partners exceeds 300

2006 – 2011

2006
2007
2008
2009
2010
2011

335
284
229
143
64

September 2007
January 2008
December 2009
June 2010
June 2011
Key Achievements 2010

Adding Value in Countries

Rolling out the CCF process to ensure multi-stakeholder engagement in HRH

The Alliance's mission to add value to health – and show solid, enduring evidence of it – has no greater emblem than the Country Coordination and Facilitation process (CCF) which aims to provide countries with the related expertise to build their HRH coordination mechanisms aligned with their health systems. In 2010, the process gained impressive momentum with a roll-out in 16 countries - from Afghanistan to Zimbabwe, from Pakistan to Peru, from Nepal to Nigeria - across all regions and among the countries facing critical challenges on HRH and selected for priority support by the Alliance.

The added value of this Alliance process is that it brings together the key stakeholders necessary for a joint identification of challenges, and creates the collaborative platforms needed to develop and act on required health workforce solutions. CCF helps these countries to develop and implement an evidence-based and costed HRH plan that involves all key stakeholders. In other words, the process gets countries moving in the necessary directions to address their health workforce challenges, ultimately leading to improvements in the health of their populations.

The encouraging results in 2010 have their roots in the Alliance’s decision and initiative in 2009 to support actions to strengthen the HRH coordination process at country level. It took four initial steps that began in 2009 and continued in 2010.

- CCF sensitizing meetings were held in Africa, Asia and Latin America to review and gain a common understanding of the CCF and to develop country-specific recommendations for its implementation. Three of the meetings were held in Accra, Ghana; Ouagadougou, Burkina Faso; and Hanoi, Vietnam during October and November 2009. The fourth sensitization meeting was held in San Salvador, El Salvador, in May 2010.

- etc.
Following these regional sensitization meetings, the Alliance convened a meeting in Geneva in June 2010 to consult with partners and collaborating agencies on the way forward in providing support to countries. One of the outputs of this CCF partners’ meeting was the identification of criteria for an effective and inclusive HRH committee.

A global capacity-building meeting was held in Cairo, Egypt, in July 2010 to discuss, validate and design action plans for CCF implementation. The meeting was convened by the Alliance in collaboration with the Eastern Mediterranean Regional Office (EMRO) of WHO. This meeting brought together representatives from 18 countries selected to receive support from the Alliance for their CCF activities. The aim was to help countries with important HRH problems to identify strategies to strengthen a stakeholder involvement in the coordination process and create facilitation plans. During the event, participants identified the core competencies required for a participatory process to develop an evidence-based and costed HRH plan. They also conceived country work plans to strengthen the HRH coordination process.

Based on the country work plans, catalytic support was provided to 16 selected countries that committed to strengthening their country coordination process. The funding support provided by the Alliance to the selected countries in 2009 and 2010 resulted in significant achievements.

By the end of 2010, out of 16 countries 13 had developed their baseline case studies, which provide an analytical overview of the coordination and governance environment for HRH. There were significant other advances, including:

- six of the countries - Cameroon, Mali, Pakistan, Indonesia, Nepal and El Salvador – established new HRH committees;
- six others – Nigeria, Paraguay, Peru, Sudan, Zambia and Zimbabwe – strengthened their coordination mechanisms and moved towards HRH planning;
- three countries - Cameroon, Mali and Zambia – completed new in-depth situation analyses of the health workforce through the CCF process;
- two countries – Eritrea and Mali - completed the development of costed HRH plans through the multi-stakeholder coordination, while other countries are at different stages of the process; and
- 3 countries (Cameroon, Nepal, Zambia) were successful in mobilizing additional support from development partners to support their HRH development plans.

The CCF progress clearly shows how these plans can be better developed, implemented and monitored through engaging the related stakeholders. It has also been evidenced that without the strong collaboration fostered by the CCF, it will be difficult for many countries to achieve results in HRH. Through the series of actions organized by the Alliance and its partners, countries are now better equipped through stakeholders’ engagement and ongoing HRH plans development and implementation.
Country progress in applying the CCF process was highlighted at a special session for HRH stakeholders at the Second Global Forum in Bangkok when the Alliance organized a side-session on “Country Coordination and Facilitation process: Addressing the HRH challenges through multi-sectoral approach” at the outset of the forum to address a range of issues. There was a focus on the significance of the multi-sectoral approach in addressing the health workforce crisis. The main objective was to advocate the CCF process and share the experiences of the countries that are successfully implementing this process.

The side-session attracted a large number of participants including the delegates from the HRH crisis countries, partners and donors, who wanted closer insights into the concepts, principles and process of the CCF. Country experiences in the implementation of the process were also presented and intensively discussed. The event provided an opportunity to share the key challenges in implementing the CCF process in the countries and significant lessons learned.

Cameroon, El Salvador, Indonesia, Mali, Nepal, Pakistan, Paraguay, Peru, Sudan, Zambia, and Zimbabwe. A folder containing documents on the “Country Coordination and Facilitation: principles and process”, “Partnering for progress” and ten country case studies, was also disseminated.

The session produced a shared understanding concerning the positive role of the CCF process in advancing the HRH agenda; and in

- building the national leadership and coordination capacity;
- spearheading the involvement of national and international stakeholders in the HRH policy dialogue;
- devising a shared strategy and plan of action that are fully-aligned with the evidence-based HRH priorities identified at the national level; and
- mainstreaming these endeavours to contribute to health system strengthening in general and to the achievement of the projected health workforce needs in particular.

How community health workers add value

Scaling up community health workers is one of the strategies enshrined in the Kampala Declaration and the Agenda for Global Action and was also re-emphasized in the UN Global Strategy for Women’s and Children’s health. The added value of community health workers (CHWs), especially in countries with severe HRH shortages, can make a life-or-death difference. However, their value is not always understood and has seldom been quantified.

Against this backdrop the Alliance, with support from the United States Agency for International Development (USAID), commissioned a global systematic review on the role of CHWs, types and the impact of CHW programmes, all in the context of strategies and policies in health workforce and health system planning and management.

Along with this, eight in-depth country case studies in sub-Saharan Africa (Ethiopia, Mozambique and Uganda), South East Asia (Bangladesh, Pakistan and Thailand) and Latin America (Brazil and Haiti) were conducted with the specific purpose of contributing to expanding the empirical basis of the review.

The systematic review and country case studies provided inputs for a global consultation, organized by the Alliance, again with USAID support,
Implementing the recommendations of the review has the potential to contribute to an equitable and cost-effective scale-up of service coverage, and to lead to tangible improvements in health outcomes, particularly in the context of Millennium Development Goals.

The actual and potential value of community health workers was further emphasized during the Second Global Forum in Bangkok by Dr Robert E. Black of the Johns Hopkins Bloomberg School of Public Health, USA, who received the Prince Mahidol Award in the field of Public Health. In his keynote speech in Bangkok, Dr Black spoke at length about the central role of CHWs, particularly in relation to maternal, newborn, infant and child health, and the management and treatment of HIV/AIDS.

### Key messages on CHW programmes

#### Planning, production and deployment

Integrate community health workers (CHWs) fully into national HRH plans and health systems, taking into account existing needs, expected social benefits, local values and preferences.

Ensure that any scale-up of the CHW cadre in national health systems and/or in non-governmental initiatives makes adequate provision for the additional costs and resources required for supporting the cadre (including training, supervision, equipment and supplies, transport).

#### Attraction and retention

Prepare and engage the community from the start in planning, selecting, implementing, monitoring and supporting CHWs.

Ensure a regular and sustainable remuneration stipend and, if possible, complement it with other rewards, which may include financial and non-financial incentives.

#### Performance management

Governments should take overall responsibility for the quality assurance of CHWs as part of their stewardship role, even if CHWs are trained and managed by civil society or private not-for-profit groups.

Performance management should be based on a minimum standardized set of skills that responds to community needs and appraisal of strategies, and is context-specific.
Supporting regional networks for HRH action

The added value of the Alliance working with regional networks was illustrated by its continuing support in 2010 for regional initiatives, including the African Platform on Human Resources for Health, the Africa Public Health Alliance (APHA), the 15%+ Campaign and the Asia Pacific Action Alliance on Human Resources for Health (AAAH) and the Harmonization for Health in Africa (HHA) initiative.

African Platform on Human Resources for Health

The African Platform on Human Resources for Health is a continent-wide network with an all-inclusive, open membership of organizations, institutions and agencies interested in human resources for health from public, private and civil society in Africa. The Platform’s first consultation, held in Nairobi in October 2010, had as its theme “Walking the Talk: Securing Commitment and Joint Action on the African HRH Crisis”. The purpose of the three-day event, which included sessions on the CCF, facilitated by the Alliance, was to take stock of progress, achievements and lessons in HRH, and also share experiences, innovations and lessons in critical areas affecting the health workforce in Africa. These areas were migration and retention; leadership and management; community health workers; the value of learning sites to human systems development; and the research framework and agenda for HRH in Africa.

Africa Public Health Alliance (APHA) and the 15%+ Campaign

In 2010, the Alliance worked with APHA and the 15% Campaign to appeal to the Conference of the Chairs of National Parliament Committees on Finance and Budget with the Pan African Parliament to uphold, improve and implement African and global health commitments, including the Abuja pledge by African leaders to allocate at least 15% of national domestic budgets to health.

Asia Pacific Action Alliance on Human Resources for Health (AAAH)

AAAH was formed in 2005 as a response to international recognition of the need for global and regional action to strengthen country planning and change on health workforce systems. Its members include ten countries, namely Bangladesh, Cambodia, China, Indonesia, Lao PDR, Philippines, Myanmar, Sri Lanka, Vietnam and Thailand. It has been an Implementing Partner of the Alliance in the Asia-Pacific region since 2007.

Harmonization for Health in Africa (HHA)

The Harmonization for Health in Africa (HHA) initiative is conceived as a regional mechanism through which partners harmonize their assistance in Africa for reaching the MDGs, providing a platform for operational and capacity building support to countries, which involve joint analytical work as well as planning and implementation support. The HHA thus is an overarching framework to which the CCF principles provide an additional specific focus on HRH; the Alliance is therefore engaging in the HRH Community of Practice supported by the HHA.
Making History

The Alliance and the WHO Global Code of Practice on the International Recruitment of Health Personnel

One substantial achievement of the Alliance and its partners in 2010 was in helping to make history: the adoption at the World Health Assembly in Geneva in May of the WHO Global Code of Practice on the International Recruitment of Health Personnel. This was the first new WHO Code to be developed in 30 years and only the second voluntary code in WHO history. From the Alliance's viewpoint, the adoption of the Code is a key milestone towards ensuring health workers are available and accessible to everyone.

The event brought to fruition the pioneering work seeded by the Alliance three years ago with the creation of the Health Worker Migration Initiative, bringing together the Health Worker Migration Global Policy Advisory Council and a WHO-led team of technical experts.

The Code aims to help developing countries retain more of their badly-needed health workers, rather than see them being actively recruited by other countries, as has been an increasing trend for many years. Under the Code, Member States should put in place bilateral agreements and arrangements to guide an ethical recruitment of personnel, respecting the individual health worker’s rights as well as ensuring a transparent process with benefits accruing to the society that invested in training them. It calls for improved incentives for health personnel to stay in their own countries and destination countries to reduce the pressure by investing more in training their own health workers. These measures will help create a better ratio of health workers where there are severe shortages, and to make care more accessible.

Health personnel migration has been a clearly-identified priority for the Alliance since its inception. During the First Global Forum on Human Resources for Health in March 2008, the Alliance endorsed the Kampala
With respect to effective implementation of the Code, the Alliance Board pledged to continue to provide a platform for consultation, collaboration and coordination among various partner organizations represented in it so their actions at both global and national levels are concerted and complementary.

After the adoption of the Code, the Alliance in late 2010 was especially prioritizing facilitation of inter-sectoral work at the country level, through the Country Coordination and Facilitation process (CCF) and observatories, enabling them to undertake Code-related functions. It was helping to stimulate, support and strengthen national coalitions which enhance awareness and aid the implementation and monitoring of the Code.

It was also aiming to advocate for the inclusion of the Code-related functional elements in health system related policies as they are crafted or reconfigured at the national and global levels.

Declaration and Agenda for Global Action, which sparked broad interest in the creation of the Code.

Progress on the Code was achieved as a result of consultations and discussions, particularly through events brokered by the Alliance-convened Health Worker Migration Policy Initiative and WHO Regional Committees, involving a wide range of stakeholder groups.

The Alliance made an essential contribution towards the adoption of the Code, in that it was able to engage at the inter-sectoral level both nationally and globally, and, building on the strong mandate received by its governing Board, it was empowered to be the most vocal advocate for its adoption. The Alliance clearly recognizes that putting the provisions of the Code into practice requires continued action at national, bilateral and multi-lateral levels.
In line with its mission, the priority commitment of the Alliance is to support the achievement of the health-related Millennium Development Goals (MDGs) and health for all by all means at its disposal. These efforts are best channelled through the Alliance’s three “ABC” core functions of advocacy, brokering knowledge, and convening at global and country levels.

On all three fronts, the Alliance played a prominent role in activities related to the achievement of the MDGs in 2010, and four in particular:

- the UN Secretary-General’s Global Strategy for Women’s and Children’s Health;
- the UN Millennium Development Goals Summit;
- Universal Access to HIV/AIDS Services; and
- the Global Fund and HRH development.

**The Alliance and Women’s and Children’s Health**

One of the most significant events in 2010 for the Alliance was the launch in September of the UN Secretary-General’s Global Strategy on Women’s and Children’s Health, backed by pledges of over $40 billion and many commitments made by low- and middle-income countries, that are specifically related to HRH development, as well as a call for up to 3.5 million more health workers by 2015, which was included in the document following the explicit suggestion of the Alliance.

From the Alliance’s point of view, maternal and child health had been fundamental but long-neglected issues, which were now at the top of global agendas. This would not have been so without the convening of world attention and the success of wide collaborations in which the Alliance and its members took part, first and foremost with the Partnership for Maternal, Newborn and Child Health which facilitated the development of the Strategy. The Alliance role extended to the intensive work on contributing...
Looking Forward to drafting the Strategy and its HRH background paper during most of 2010. The Alliance’s main contributions related to:

- mainstreaming a health workforce dimension into the Strategy itself;
- preparing a more detailed HRH background paper that accompanied the main document;
- advocating for HRH-specific commitments by some of the countries; and
- drawing attention to the Strategy and its HRH component through dedicated events and advocacy activities.

**Maternal and child health facts**

Sub-Saharan Africa which has 33% of the global burden of illness and deaths of mothers and children relies on only 2.8% of world’s health workforce.

Countries such as Malawi and Rwanda have shown that by prioritizing strengthening of the health workforce, they can turn around their health outcomes and be on track for achieving MDG 4 within a matter of years.

The Global Strategy’s key outcomes include saving 16 million lives by 2015, preventing 33 million unwanted pregnancies, protecting 120 million children from pneumonia and 88 million children from stunting, advancing the control of deadly diseases such as malaria and HIV/AIDS, to be achieved in part by ensuring equitable access for women and children to quality facilities and skilled health workers.

**Invest, develop, commit and provide**

During the side-event, the Alliance urged world leaders to:

- **invest** in increased education capacity to effectively train and deploy up to 3.5 million additional health workers to address the acute shortage by 2015;
- **develop**, fund and implement costed, comprehensive and evidence-based national health workforce plans, inclusive of needs related to provision of reproductive, maternal, newborn and child health;
- **commit** 25% of additional investment on health MDGs towards HRH; and
- **provide** bold leadership to intersectoral collaboration across sectors at national and global levels.

“Global shortages require global collaboration. Africa bears the brunt of the shortage, with 2-10 health workers per 10,000 population, way below the WHO recommended 23. Investing in the health workforce will result in decreasing the disease burden which in turn will increase productivity.”

*Keynote address of President of Malawi, Bingu Wa Mutharika, delivered by the Minister of Health, Professor David Mphande*

“It makes me wish that we had someone above the level of nations to do the distribution of health workers. If we cannot make this right, if we cannot improve the situation of the health workforce, we will not reach the MDGs. That’s how simple it is.”

*Dr Bjørn-Inge Larsen, Director-General of the Norwegian Directorate of Health*
Universal Access to HIV/AIDS Services: Valuable truths

Since its early days, the Alliance has unflinchingly argued that the global shortage of human resources for health is a major obstacle to scaling up HIV services for universal access and achieving MDG 6. The reality of this became inescapable during 2010, when it became clear that the end-of-year target for countries of achieving universal action to HIV/AIDS prevention, treatment and care for all in need would be impossible to meet.

Even inconvenient truths have added value, however. Will we achieve universal access to HIV/AIDS services with the health workforce we have? A snapshot from five countries was a pioneering Alliance report of its Task Force on Human Resources for Universal Access accompanied the recognition of the challenges with important conclusions and constructive recommendations.

Based upon the gaps, challenges, and progress identified, the report suggests broad areas in which critical interventions are needed. For each of these, the report suggests specific actions that countries and the international community can take. These are summarized as follows:

- re-energize country leadership action;
- develop global guidelines for appropriate HRH components of national programmes to achieve universal access;
- estimate HRH requirements to achieve national universal access targets for HIV services;
- strengthen human resources management systems;
- initiate prioritized implementation of costed HRH strategic plans;
- address health worker retention, motivation and job satisfaction to maximize current health care workforce potential; and
- increase the attention given to HIV prevention.

The Alliance created several key opportunities to highlight the findings of the research in 2010 and advocate for potential solutions, including at the XVIII International AIDS Conference in Vienna in July 2010. Along with UNAIDS and PEPFAR it hosted a satellite session on how the health workforce crisis is a barrier to achieving universal access to HIV services by the MDG date in 2015. The report of the Task Force on Human Resources for Universal Access was officially launched in January 2011 at the Second Global Forum in Bangkok during a special panel event. The panel included both political leaders as well as community based players who jointly presented the report and convinced the audience of the importance of scaling up HRH for Universal Access to HIV/AIDS services.
The Global Fund and HRH development

As the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) prepared to launch its latest round (Round 10) in mid-2010, the Alliance was actively drawing attention to the significant opportunity this presented to secure additional funding for human resources for health and system-wide health system strengthening (HSS) efforts.

Activities to strengthen the health workforce were among the main health system actions for which countries had previously used the Fund. Examples of these actions include:

- expanding capacity of health training institutions;
- providing health workers retention packages aligned with national policies;
- providing hardship allowances and rural housing;
- strengthening workplace safety;
- improving health workforce management; and
- implementing task-shifting policies.

In preparation for Round 10, the Alliance recommended that HRH stakeholders engaged one another and their country’s Country Coordinating Mechanism (CCM) to discuss how HRH and other health systems strengthening activities could be included in the Round 10 proposals.

The Alliance urged country stakeholders to work with their health, finance, and foreign affairs ministries and presidents, prime ministers, and parliamentarians to send a clear message on the importance of HRH investments to the Global Fund donors.

With the Global Fund, Gavi and the World Bank aiming to establish a joint funding platform for health systems, the Alliance built on this progress towards better harmonization and alignment of development assistance for health. It helped ensure that the guidelines for proposals for Round 11 place even greater emphasis on HRH development, according to country needs, including resources for both pre-service and in-service training of health workers.
The Second Global Forum

The lasting value of the Second Global Forum

For the Alliance, the Second Global Forum on Human Resources for Health in Bangkok in January 2011 was a highpoint on the road from Kampala, an achievement in itself and the culmination of a huge amount of work and energy during 2010. There was abundant energy at the event, too, with more than 1,000 participants from 105 countries representing all relevant HRH constituencies, each with their own contribution to offer and their own experience to share.

Reviewing progress, renewing commitment

The publication Reviewing progress, renewing commitment represents a landmark and a new milestone in human resources for health. The report’s title was also the theme of the Second Global Forum, where it was formally launched in January 2011.

The Alliance’s first progress report on the Kampala Declaration and Agenda for Global Action provides an essential foundation for future analysis. It also gives examples of the impact of HRH improvements that stakeholders can use to review progress collectively, to hold one another accountable and to renew their commitments to sustainable HRH solutions.

Producing the report was a key element of the build-up towards the Second Global Forum in Bangkok.

Since the First Global Forum in 2008, the Alliance succeeded in drawing increased attention and commitments to resolve the health workforce crisis. But answers were needed to two urgent questions:

- Was there evidence of commitment translating into necessary actions and investment decisions by governments, development partners and other relevant stakeholders at country level?
- Was real progress being made in implementing the Agenda for Global Action?
With these questions in mind, the Alliance conducted a survey among the 57 priority countries. It analysed the key policy and governance elements that characterized each country’s response to its health workforce challenges. It examined how the countries were doing in planning and coordinating their health workforce interventions, at their efforts in relation to information systems, education and retention strategies, and investment decisions. In addition, it compiled case stories submitted by countries and organizations that illustrated, through a more qualitative approach, their progress in implementing the Agenda for Global Action.

The key findings and conclusions of the report are of relevance to governments, development partners, health providers, employers, academia, research and training institutions, civil society, the private sector, professional associations and health workers themselves, among other relevant stakeholders.

The report shows that the Kampala Declaration and Agenda for Global Action remain valid and relevant to the needs of countries in their efforts to improve human resources for health. The report does not have all the answers. In fact, it highlights areas where further research and similar evaluations should concentrate.

It shows that while actions on the ground in a number of countries are starting to make a difference, considerable work remains to be done to implement fully the Kampala Declaration and Agenda for Global Action in the majority of priority countries. As the Executive Summary of the report concludes:

“HRH stakeholders share clear and collective responsibility for identifying and honouring the individual actions that will turn many of the outstanding commitments into practical reality.”
Adding value to health for the future

In addition to an extensive range of plenary, parallel and side sessions, the Forum also showed the human face of HRH and demonstrated the professionalism and dedication which characterize so many of the world’s health workers. The Forum’s Special Recognition Awards honoured 12 such individuals for their hard work. They included doctors, nurses and midwives who deliver healthcare in some of the world’s most difficult settings. The finalists were featured in the “Hall of Fame” in the marketplace exhibition area at the Forum alongside posters of case stories of best practices in HRH implementation from nearly fifty countries, six of which - China, Ethiopia, Indonesia, Kenya, Nepal and Zimbabwe - were presented with Awards for Excellence by the Alliance.

“A wonderful video on health workers”

“The Forum opened with a wonderful video on health workers – the best piece in any medium I have ever seen in terms of communicating the essence of the health workforce crisis.”

Maurice Middleberg, Director; CapacityPlus

A creative highlight of the Forum was the “premiere” of Imagine, an animated film produced by the Alliance, with the key issues and messages of the health workforce crisis, told through the voices of men, women and children in the community.

It features “Flo”, a skilled health worker who leaves her home in search of a better life, and poses questions such as: What happens to the people she leaves behind? What would it take to keep her in her own community, saving lives and improving the health of the people there? The film offers a simple yet compelling message: a health worker for everyone, everywhere.
Innovative media partnership with UK’s Guardian

In the run-up to the Second Global Forum, the Alliance engaged in an innovative partnership with the UK’s Guardian newspaper to launch a special health workforce microsite, to highlight and raise awareness of the global health worker crisis. The microsite includes an interactive graphic providing key facts and figures on the 57 countries facing critical shortages and maldistribution of health workers as well as feature articles by leading Guardian journalists, looking at Alliance and partner efforts to tackle the crisis and the impact of migration. The site also features profiles of finalists for the Alliance awards for individual health workers and case stories as well as a link to the Alliance animated film Imagine. The microsite will remain active until early 2012 and is linked to the Guardian’s global website, which has nearly 40 million unique users worldwide and is one of the world’s top news sites.

Journalist Fellows’ Programme

More creativity was on display in Bangkok in the work of the ten young journalists from HRH crisis countries who were selected to be participants in the Journalist Fellowship Programme. Through newspaper and magazine articles, radio broadcasts and social media posts, they reported on issues affecting the delivery of health care in their own countries, which included Bangladesh, Benin, Cambodia, Indonesia, Kenya, Thailand, Uganda, and Yemen. They also covered aspects of the Forum itself, adding to their professional experience and making them potential advocates for the HRH cause throughout their careers.

Members share their views

“As allies, we must all work together to take the HRH agenda forward...This forum was a great opportunity for those who are motivated in addressing the issue to meet like-minded individuals and form strong links together.”
Fiona Campbell, Merlin (Alliance Member)

The Forum provided a unique opportunity for many of the Alliance’s 300 member organizations to come together in two specially-arranged Members’ Platform meetings and play a proactive role in implementing the agenda and outcomes emerging from the Forum as well as contribute ideas for the future direction of the Alliance. It was an impressive reaffirmation of the worldwide commitment of Alliance members to the common cause of achieving the MDGs, adding value and supporting the Alliance principles.

‘Everyone – whoever they are, and wherever they live – is entitled to access to a skilled and motivated health worker. The Outcome Statement of the forum provides a platform for various parties to move forward, to promise and remain committed to the global health workforce’.
Dr Masato Mugitani, Chair of the Alliance Board

Civil society organizations (CSOs) also made their voice heard through a statement by the Health Workforce Advocacy Initiative, a global advocacy network supported by the Alliance. The statement, endorsed by allied civil society organizations, called for bolder leadership; clear, time-specific targets; and increased financial resources at global and national levels. It said the UN Secretary-General’s call for an additional 3.5 million health workers by 2015 should be expanded to include more than 4.3 million health workers required in all countries with critical national and local shortages, including post-conflict and fragile states.
Looking Forward

Beyond Bangkok

In its Outcome Statement conclusions, the Second Global Forum spoke of the long road that lies ahead to reach the Alliance’s HRH vision. It noted that, as is so often the case, reality falls short of expectations. By its very nature, the HRH crisis is a long-term challenge and advances are likely to be slow, uneven, and not always easy to detect. Progress takes a long time, and evidence of it is hard to come by because of a lack of a good baseline for measuring it. Further investment in evaluation and measurement is clearly required. The Alliance’s next review and assessment of progress in the crisis countries will have to be more comprehensive in order to adequately fulfill its mandate to monitor the implementation of the Kampala Declaration and Agenda for Global Action. Commitment, both political and financial, towards tangible results is required. Countries must take the driver’s seat – sustainable HRH development depends on country ownership.

The achievements of 2010 and early 2011 show that the Alliance’s greatest strength lies in its network of members and partners. The Second Global Forum demonstrated a strong stakeholder base for the HRH agenda at global, regional and national levels, across all sectors, and with millions of constituents worldwide. This stakeholder base is calling for strong leadership from the Alliance and its key members in going forward to address HRH issues, particularly the HRH crisis in poor countries. The role of the Alliance in convening the various sectors beyond health and beyond the public sector was reaffirmed with greater clarity. The Alliance was challenged to intensify its efforts in harnessing the potential strengths of all its various members and partners.

The Alliance’s many achievements over the past year and the greater visibility of the central role of HRH in achieving national-level MDG and other health-related goals, as well as increased understanding of HRH challenges and solutions, offer the potential to result in greater political commitment
on the part of national governments in future, and even deeper collaboration from partners involved in the HRH response at country level. At the global level, advocacy efforts need to move from highlighting challenges to building ownership and commitment around solutions and increasing the availability of resources.

The Alliance will take advantage of the lessons learned from an external evaluation starting in mid-2011 to take stock of the progress and challenges to date and put in place solid foundations for future actions to be delivered through a new strategy for 2012 and beyond.

After the success of Second Global Forum, the Alliance has emerged with a renewed determination to push forward and further advance the progress realized to date. In practical terms this means, for example, adding value to the implementation of the WHO Code by mainstreaming it in the CCF process; continuing to advocate for a greater role for community health workers; increased focus on the accountability for HRH agenda complementing the accountability framework of the Commission on Information and Accountability for the UN Global Strategy for Women’s and Children’s Health; renewed efforts on women’s and children’s health and universal access to HIV/AIDS services; as well as emerging areas of importance such as non-communicable diseases. All of these efforts and every other facet of the Alliance's endeavours ultimately are directed towards achieving the MDGs by 2015, as well as supporting other health-related goals.

Looking forward, the task ahead is to take the momentum from Bangkok out into the wider world, to move together, from commitment into action, to translate resolution into results, and to ensure that every person, everywhere, has access to a skilled and supported health worker.

**Last words: voices from Bangkok**

“As participants of this important Forum, we are all tasked with the responsibility to make a difference for the one billion people in the world who face a daily struggle to get basic health care from a skilled worker. Now is the time for all stakeholders to come together to renew commitments and take sustainable actions to make access to health services a reality for all.”

Vicharn Panich, Francisco Campos, Carissa Etienne, Kiyoshi Kodera, Chairs of the International Organizing Committee

“I am proud to be a family health worker in Sri Lanka. We take care of the young people even before they get married. From then onwards, pregnant mothers, infants, children, young and old are all cared for throughout their lives. Our country provides free healthcare to every citizen with the life-course approach, and has done since long ago.”

P.D. Lalitha Padmini, Public Health Midwife, Sri Lanka

“When I manage to save a mother’s life or a child’s life because of my actions, that’s when I am most satisfied.”

Nan Than Thu On, Winner of the Special Recognition Award for individual health workers

“All countries’ experiences and results as well as the international initiatives presented showed the efforts and achievements of the Global Health Workforce Alliance serving as a catalyst for an effective response to the health workforce crisis at global, regional and country level.”

Denis Salford, European Commission
## Annex

### Alliance financial statement for 2010

#### Financial overview 2010

<table>
<thead>
<tr>
<th>Description</th>
<th>US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds available 1 January to 31 December 2010</td>
<td>12,570,549</td>
</tr>
<tr>
<td>Total expenditures and encumbrances</td>
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<tr>
<td>Expenditures</td>
<td>7,732,727</td>
</tr>
<tr>
<td>Contingent liability - currency adjustment</td>
<td>444,520</td>
</tr>
<tr>
<td>Closing balance as of 31 December 2010</td>
<td>4,393,302</td>
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</tbody>
</table>

#### Alliance expenditures and encumbrances 1 January to 31 December 2010

<table>
<thead>
<tr>
<th>Objective 1: Effective and synergetic partnerships mobilized to address global and regional policy challenges and transnational problems through evidence informed actions.</th>
<th>US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Global Forum</td>
<td>675,396</td>
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<tr>
<td>HRH momentum</td>
<td>81,364</td>
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<tr>
<td>Forum theamtics</td>
<td>36,729</td>
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<tr>
<td>KD and AGA</td>
<td>61,551</td>
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<tr>
<td>Communications materials</td>
<td>78,874</td>
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<tr>
<td>Global Forum</td>
<td>416,878</td>
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<tr>
<td><strong>Communications and advocacy</strong></td>
<td>363,557</td>
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<td>Brand and publications</td>
<td>178,768</td>
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<td>Advocacy events</td>
<td>132,657</td>
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<td>Website maintenance</td>
<td>40,164</td>
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<tr>
<td>HRH champions &amp; ambassadors</td>
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<tr>
<td>Support and representation</td>
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<tr>
<td><strong>Global policy</strong></td>
<td>748,801</td>
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<td>Knowledge products</td>
<td>17,322</td>
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<td>Tools and working groups</td>
<td>158,086</td>
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<td>HRH research</td>
<td>446,794</td>
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<td>Technical publications</td>
<td>126,598</td>
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<td><strong>Total 2010 Expenditures</strong></td>
<td>7,732,727</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective 2: Within the context of the Kampala Declaration and Agenda for Global Action mobilize country leadership to improve the HRH situation and response to shortages of skilled and motivated health workers as an integral part of health systems.</th>
<th>US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCF implementation</td>
<td>2,261,152</td>
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<tr>
<td>Harmonise stakeholders</td>
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<td>Capacity building</td>
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<td>Country evidence</td>
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<td>CHW global consensus</td>
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<td><strong>Regional catalytic support</strong></td>
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<td>Scale up training</td>
<td>7,554</td>
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<td>African support</td>
<td>170,000</td>
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<td>Non-Anglophone support</td>
<td>72,780</td>
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<td><strong>Total 2010 Expenditures</strong></td>
<td>2,511,486</td>
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</table>

<table>
<thead>
<tr>
<th>Objective 3: Alliance secretariat and work plans effectively and efficiently managed, monitored and assessed.</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Workplan management</td>
<td>223,108</td>
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<td>Governing Board</td>
<td>114,178</td>
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<td>Operating expenses</td>
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<tr>
<td>GHWA self-assessment</td>
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<tr>
<td>Resource mobilization</td>
<td>1,989</td>
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<td>Staff costs</td>
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<tr>
<td><strong>Total 2010 Expenditures</strong></td>
<td>3,312,120</td>
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* Expenditures include distributions to Countries & Regions

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Rural Medical Practitioner checks patient blood pressure in rural Bangladesh, from the case story “Coherent training for community health workers and paramedics in rural Bangladesh”
The Alliance is grateful to the following donors for their support:

- Bill & Melinda Gates Foundation
- Canadian International Development Agency (CIDA)
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- Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
- Irish Aid, Department of Foreign Affairs, Ireland
- Norwegian Agency for Development Cooperation (NORAD)
- UK Department for International Development (DFID)
- United States Agency for International Development (USAID)
Launched in 2006, the Global Health Workforce Alliance is a partnership dedicated to identifying and coordinating solutions to the health workforce crisis. It brings together a variety of actors, including national governments, civil society, finance institutions, workers, international agencies, academic institutions and professional associations. The Alliance is hosted by the World Health Organization.

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