Preliminary draft declaration of the 3rd Global Forum on HRH

We, the Ministers and representatives of the Member States of the World Health Organization, met in Recife, Brazil, from 10 to 13 November 2013 for the Third Global Forum on HRH, and decided to jointly adopt this Declaration/Statement, committing ourselves to an ambitious agenda for health workforce development at national level, and urging the international community to provide support and foster the required collaboration at global level.

Preamble

Health is a key development priority, valued by citizens, Government and the international community; the attainment of health objectives warrants coordinated action and solidarity at international, national and local levels. Human resources for health (HRH) play a fundamental role in attaining health goals, including the MDG, as well as in the context of Universal Health Coverage (UHC), or the emerging post-2015 development agenda.

Yet, access by the population to skilled and motivated health workers is uneven across and within countries, hindering the provision of even essential health services, and posing a threat to the cohesion of societies and to human development more broadly, given the central role of health services in the compact of trust between citizens and Governments.

The HRH agenda transcends national borders: similar or related challenges affect low- and high-income countries alike; and international migration of health personnel has reached in the last decades unprecedented levels. While there are some advantages in terms of knowledge transfers from circular migration and financial remittances that benefit source countries, in many cases international HRH flows result in the further depletion of already impoverished health systems; addressing this challenge in an effective and ethical manner truly represents a shared global priority.

Furthermore, the actions of Governments are affected by global economic cycles and macro-economic constraints. There is a role for international solidarity, supported by mutual accountability mechanisms, in supporting low-income and other vulnerable countries in mitigating such fiscal challenges, thereby empowering them to accelerate or sustain progress in their path to UHC.

The last decade has seen an increased recognition and more focused attention on tackling HRH imbalances: encouraging signs of progress show how some countries are taking systematic action on health labour market forces, and harnessing the potential of innovative approaches.

But in the aggregate investment in HRH is low; HRH planning is often weak, resulting in persistence of uncoordinated single issue interventions; the adoption of required policies remains uneven; and, as a consequence, HRH shortages, maldistribution and performance challenges persist.

Numerous resolutions of inter-governmental bodies and global action plans endorsed by the United Nations provide the political framework and evidence-based guidance for HRH action, according high priority and recognizing the centrality of investment in HRH. These include UNGA, ECOSOC, WHA and ILO resolutions, the UN Global Strategy for Women’s and Children’s Health, the WHO Code on International Recruitment of Health Personnel, the Kampala Declaration and Agenda for Global Action, adopted at the First Global Forum on HRH, NCD and HIV-AIDS global action plans etc.

In parallel, the policy discourse on HRH development has forged ahead also at the technical level, with the development of evidence based tools, recommendations and guidelines on several aspects of HRH development, including on HRH planning, education, management, retention and migration.
The political resolutions referred to above and technical guidance available represent solid foundations to build upon. At the same time their existence has not been, by itself, a sufficient condition for the systematic strengthening of HRH, a central element of sustainable health system strengthening. For this reason, it becomes critical to understand the bottlenecks in the HRH agenda. More needs to be done to promote, implement and fulfill commitments to achieve HRH goals. In particular, greater efforts are required to:

- Strengthen political will, and ensure support from change from constituencies with a stake in HRH development
- A greater alignment of efforts, including through a long-term and systemic approach at country and global level
- Reconciliation between domestic needs and international solidarity
- Provide mechanisms and processes to properly channel international funding for HRH
- Ensure adequate fiscal space to allow sufficient investment in HRH
- Focus greater attention on productivity deficits of existing HRH, in addition to the important challenge of numerical shortages
- Fully apply existing knowledge, and to better harness the potential of innovative approaches.

The challenge is not lack of evidence on effective policies: it is to mobilize political will and catalyse action.

**Framing HRH commitments for a forward-looking agenda**

**National commitments**

Political will and commitment by national authorities is the single largest determinant of success or failure in HRH development. Therefore, we commit to adopting a systemic approach to HRH development, linking needs-based planning and projections to innovation, taking into account labour market and economic forces, ensuring sufficient investment of domestic resources, scaling up training of health personnel based on transformative education approaches that can foster better quality of training and of care, eliminating wasteful spending and inefficiencies, adopting appropriate management approaches and incentives to enhance performance.

Recognizing the need to embed HRH actions in the broader national development agenda, we commit to engaging relevant sectors (beyond health, including education, finance, labour, civil service) in HRH coordination, planning and development efforts; and pledge to foster an inclusive environment for country coalitions and better convergence and alignment of other stakeholders (including private sector, civil society, academia, labour unions, professional associations) to national priorities and public interest.

We are committed to enhance our capacity to be effective stewards of health systems, including through strengthened HRH information systems for effective monitoring and evaluation.

Recognizing that progress is possible through political will, we commit to implementing the common and overarching commitments reflected in this declaration, as well as the country-specific ones made in lead-up to and announced at the Third Global Forum - annexed to this declaration.

**Global commitments**

But some HRH challenges and issues are of transnational nature, and require a global approach and global commitments.

Where resource constraints genuinely affect countries’ capacity to invest sufficiently in the development and deployment of their health workforce, we call upon the international community to assist through investment
inspired by global solidarity, and according to a UHC vision embedded in the right to health approach. We urge international agencies and multilateral bodies to work with countries to secure conducive macro-economic policies and increased fiscal space, where these factors are obstacles to adequate HRH investment.

We invite development partners to ensure the full application of aid effectiveness principles (as outlined in the Paris Declaration) to HRH investment, so that their support is harmonized and aligned to national priorities, and delivered according to modalities that strengthen national mechanisms.

We urge the international community to provide continued support to technical agencies, such as WHO, for the development and dissemination of global public goods, such as examples of innovation, information and data repositories, norms and tools, to facilitate evidence-based planning and management of HRH, and greater consistency in policy guidance and technical advice by actors in the international health arena.

We recommend that the international community fosters a global partnership in capacity building for educating and training a new generation of health professionals imbued with social accountability and acting as change agents in society, according to a shared global set of core competencies inspired by transformative education agenda.

We urge technical agencies and academia to document, disseminate and advocate examples of successful innovation, working towards ensuring that research outputs serve as policy inputs, in order to foster a “decade of innovation” which will follow, complement and build upon the (unfinished) “decade of action” on HRH.

We, together with WHO and other relevant stakeholders, share the responsibility of and re-commit to working together to accelerate the implementation, monitoring and reporting of the WHO Code, through greater investment in production, but especially increased attention to wage and non-wage instruments to enhance retention and performance, and a renewed efforts at improving the timelines and quality of data on HRH production, stock and flows.

We invite professional associations to guarantee the quality and capacity of their members, and to collaborate with national authorities towards the development of more integrated team-based approaches to care, harnessing the full potential of community-based and mid-level health workers in settings where these cadres have a role.

We urge the international community to develop, streamline, support and sustain inclusive mechanisms and platforms, such as the Global Health Workforce Alliance, for policy dialogue, advocacy, collaboration, knowledge sharing and mutual accountability.

We call upon the United Nations Secretary General to ensure that an explicit focus on HRH development priorities is included in the post – 2015 development agenda, and its relevant targets and indicators.

**Follow up**

We request GHWA and WHO to conduct regular monitoring on the implementation of the commitments made in Recife, and to ensure that this feeds into renewed momentum, operating in synergy with related accountability processes, including the monitoring of the WHO Code itself and of the United Nations Global Strategy for Women’s and Children’s Health. We urge civil society actors to support accountability processes at national, regional and global levels through their independent advocacy and monitoring.

We urge all stakeholders to collaborate with monitoring and accountability efforts by providing the GHWA and WHO Secretariat with yearly updates on the status of implementation of the HRH commitments made at Recife.
We request a review of progress in implementation of the Recife commitments to take place in the context of the governing bodies of the World Health Organization, and that a new assessment of the global status of HRH development be produced and shared through at the Fourth Global Forum, to be convened by the Global Health Workforce Alliance in 2016.