Global Health Workforce Alliance
and Health Metrics Network

Building partnerships

Dr Mubashar Sheikh
Executive Director, Global Health Workforce Alliance
8 October, Montreux, Switzerland
The heart of the matter – the people

- Health workers are the cornerstone and drivers of health systems
Global health workforce crisis

Figures tell the story...

- One billion people without access to health workers
- Shortfall of 4.3 million globally
  - 2.4 million health service providers and 1.9 million management support workers
- Sub-Saharan Africa: 25% of global burden of disease but only 3% of world's health workers
- Rates of training and education too low.
  Ethiopia: 200 doctors trained per year for population of 75 million
  UK: 6000 doctors trained per year for 60 million
- 1 in 4 doctors and 1 nurse in 20 trained in Africa is working in developed countries
57 Critical shortage countries
(doctors, nurses & midwives)

Global situation of Health workforce

Health Service Providers (per 10,000 population) by WHO Region, 2005

- Africa: 19
- South-East Asia: 29
- Eastern Mediterranean: 30
- Western Pacific: 45
- World: 62
- Europe: 131
- Americas: 142

Number per 10,000 population

Source: WHO SEARO

Note:
1. Data as reported by countries (compiled at WHO Regional offices and the Headquarter)
2. Reference year of data for some countries may differ from the reported year 2005
3. Health service providers include:
   (i) Physicians
   (ii) Nurses
   (iii) Midwives
   (iv) Dentists
   (v) Pharmacists
   (vi) Environmental and public health personnel
   (vii) Lab workers
   (viii) Community health workers
   (ix) Other health workers
Health spending per capita

(USD)

- UK
- Holland
- US
- France
- Uganda
- Kenya
- Zambia
- Japan
- Germany
- Australia
- Sweden

15
21
19
HRH availability and impact on MDG targets 4 & 5

Source: Anand & Barnighausen 2004
Global alliance for joint action

- No single entity can solve HRH crisis:
- Global Health Workforce Alliance launched: May 2006
- A partnership dedicated to identifying and implementing solutions to the health workforce crisis
  - Multi-stakeholder: national governments, civil society, finance institutions, workers, international agencies, academic institutions and professional associations.
  - Over 150 members
  - Hosted and administered by the World Health Organization.
Vision and strategic priorities

• Overall Vision:
  Access for all to a skilled, motivated and supported health worker as part of a functioning health system

• Strategic Priorities:
  • Accelerate country actions
  • Advocacy
  • Knowledge brokering
  • Promoting synergy between partners
  • Monitoring progress
Three main principles shaping work priorities of GHWA

**Value added**
- Work that brings extra value
- Work priorities catalytic
- Filling key gaps in workforce development

**Collaboration**
- Collaborate with existing institutions and bodies, and stakeholders
- Avoid duplications and competitions
- Optimize performance of existing institutions

**Focal point**
- Workforce development
- Enhancing access to information, knowledge, best practices, and institutional resources.
## Accelerating Country Action: GHWA Pathfinder Countries

### First wave
- Angola
- Benin
- Cameroon
- Ethiopia
- Haiti
- Sudan
- Vietnam
- Zambia

### Selection
- Identification of country needs
- Likelihood of success
- Learning what works

### Support
- Catalytic funds to ignite action and provide models
- Convening partners

### Actions & Results
- 7 pillars of country HRH programme
+ 12 additional countries to be selected in the next few weeks
Partnership in HRH crisis countries

Alliance and network of partners and stakeholders

- Government sectors like MOH and other related sectors
- UN organizations like WHO, Donors and partners
- Professional bodies
- Private sector
- Academia
- Nongovernmental organizations
- Other stakeholders and health actors

- Catalysing
- Organising
- Convening
- Facilitating
- Supporting
- Harmonising
- Information sharing
- Linking within networks

Move
Think
Work
Together

HRH actions and scaling up

Regional and global networks

Mapping
Registering
Linking
Forums
First Global Forum on Human Resources for Health
2 – 7 March 2008, Kampala, Uganda

• Over 1500 participants from all health backgrounds as well as politicians attended

• The Forum had three main objectives:
  – To build consensus on accelerating human resources for health action
  – To build implementation capacity on human resources for health action at a global and country level
  – To build networks and alliances as a global movement on human resources for health moving from recognition to concrete action

• Outcomes:
  – Commitment to a Global Action Plan for the coming decade
  – Better knowledge on what works, what has not, and why
  – Enhanced and strengthened implementation capacity
  – A consolidated and revitalized global movement
A guide for action over the next decade

Builds on previous global commitments already made by high-level policy makers

Key strategies for success:

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

GHWA's role: to monitor the implementation, re-convene the Global Forum in two years' time to report and evaluate progress
Key developments

• Endorsement by G8

• PEPFAR II
  Signed into law by President Bush end of July 2008
  Target of training and retaining at least 140,000 health care professionals and paraprofessionals

• Japan's health worker training commitment
  Training 100,000 people as health workers in Africa over the next 5 years

• US/UK announcement on increasing health workforce in Africa
  Support for increasing the number of health workers across four African countries, namely Ethiopia, Kenya, Mozambique and Zambia
GHWA moving forward

- Specific action areas:
  - Advocating for and monitoring the implementation of the Kampala Declaration and Agenda for Global Action
  - Keeping HRH high on the global agenda
  - "Connecting" our partners at all levels
  - Knowledge brokering
  - Accelerating actions in the 57 crisis countries
    - By supporting the development of evidence-based, comprehensive and coherent country-level approaches
GHWA and HMN
How can we move together?
HMN roadmap

• Three phases:
  – Phase 1: Leadership, coordination and assessment
  – Phase 2: Priority-setting and planning
  – Phase 3: Implementation of country health information system strengthening activities
Potential collaboration

Strengthening country health information systems:

-- help in increase data on Human Resources for Health to establish evidence based HR country plan
  - Analysis of HRH situation and identification of gaps and needs
  - Evidenced based planning
  - Stakeholders analysis
  - Knowledge sharing
  - Strengthening advocacy, streamlining messaging

Monitoring of implementation of Kampala declaration and agenda for global action.
HMN and GHWA partnership and synergy

- HMN Framework and Standards for Country Health Information System
- GHWA Country Collaboration Framework
- Monitoring of progress
- Implementation of HRH plans
- Informed decision making and HRH plans
- HRH information and observatory
Health Workers for All and All for Health Workers
Better information. Better decisions. Better health