(Your Excellencies), distinguished colleagues, ladies and gentlemen, friends, good morning!

On behalf of the Global Health Workforce Alliance, it is my pleasure to welcome so many of you to Montreux for this consultation on community health workers. I am delighted to see, together with familiar faces, new colleagues with whom I hope to have the opportunity to meet in the course of the next few days.

The stunning beauty of this location should not make us oblivious of the reason we are here - to work together to find solutions to the unnecessary suffering and deaths that are part of the daily lives of the billions of less privileged people that we serve in low- and middle-income countries.

As professionals in the field, we know that public health progress is possible when evidence and political will come together and are adopted as sound policies. As you all know, a moment of fundamental importance in the history of public health was the Alma Ata Conference in 1978, which triggered the primary health care movement, one of whose tenets was the importance of community involvement. Since then there has been a progressive increase in interest in the role of community health workers in providing services, and a parallel (and much needed) increased focus on developing policies based on evidence of what works and what doesn't.

A more recent landmark in the history of public health has been the recognition of importance and the shifting of emphasis towards health systems, a development in part triggered by WHO's flagship publication, the World Health Report 2000.

Within the health system strengthening agenda, there has also been a specific recognition of the particular challenges affecting human resources for health. The health workforce is in many countries the weakest link in the effective and equitable delivery of quality essential health services; without addressing crucial bottlenecks in human resources, the backbone of health systems, it will not be possible to improve general health services, and achieve the health MDGs. Here again, WHO played a crucial role, by putting a spotlight, through the World Health Report 2006, on health workforce challenges at global and national level. Also the World Health Report 2006 argued that community health workers had the potential to be part of the solution to the human resource crisis affecting many countries.

The widening awareness of the severity and the devastating implications of the health workforce shortages and maldistribution led to the establishment of the Global Health Workforce Alliance, a partnership of governments, international institutions, civil society, academia, private sector, regional bodies and other stakeholders entirely dedicated to addressing the workforce crisis. It was envisioned as the one global focal point - a single
advocating voice that harnessed and harmonised the many voices and experiences of its stakeholders. Since its inception in May 2006, the Alliance has worked towards bringing together not only the HRH community but also the diverse sectors involved in addressing HRH - health, labour, finance, education, research, information systems, governance - to name a few. The mission of the Global Health Workforce Alliance is to promote the development, adoption and implementation of sustainable and appropriate health workforce solutions. It does so through its 'ABCs' - its role as a global advocate, by brokering knowledge between different stakeholders and as a convener. While the Alliance secretariat is housed within WHO headquarters, which is also a founding and board member of the Alliance, its life blood is its partners and members. If not already, you are invited to join the Alliance membership.

Building on these foundations, important progress was made in the subsequent years: in 2008 WHO celebrated the thirtieth anniversary of the Alma Ata through a renewal of the primary health care principles, and emphasising a universal access paradigm and bringing a focus on equity through its ground-breaking work on the social determinants of health.

But 2008 was also the year when the Global Health Workforce Alliance came of age, with the first-ever Global Forum on Human Resources for Health. In Kampala, in early 2008, the world convened to agree a global framework for action to address the health workforce crisis. And agree it did: the Kampala Declaration emerging from the forum provided the foundation for an Agenda for Global Action, centred around 6 interconnected and complementary strategies to address health workforce challenges. This audience will not be surprised to hear that a particular emphasis on scaling up community health workers was one of the strategies agreed, which is enshrined in the Agenda for Global Action.

In the last few years, community health workers have also been at the centre of attention for researchers. First a review by Haines and more recently by Lewin (who is a discussant in the meeting) have demonstrated the positive potential of community health workers in improving access to care and health outcomes.

These reviews have summarized knowledge on community health workers, drawing important policy implications, but also identified knowledge gaps.

The Global Health Workforce Alliance commissioned a new study to address some unanswered questions on role of community health workers, and policies and strategies to optimize the impact of related programmes in the context of health workforce planning and management. Through a systematic review, and a number of case studies conducted with the specific purpose of corroborating and validating the findings of the review, we looked in particular at the different types of community health workers and the services they provide, the typical pitfalls of community health workers programmes, and the enabling systems factors, conversely, that must be put in place to maximize the potential benefit of their deployment and use. We have looked at recruitment criteria, training content, certification process, ongoing and refresher training, supervision, incentives and professional advancement of community health workers, providing concrete and actionable recommendations in all these domains.

This study doesn't have all the final answers, but it takes the dialogue one step forward. The objective of the workshop, the reason we asked you to come here today, is to share...
the findings of this study, and to seek your assistance and contribution in collectively interpreting the meaning of the evidence. We want to take that step forward together, in order to support countries to integrate community health workers into their national HRH plans and national health systems.

Translating this new knowledge into action requires your help and support, and will lead to faster progress towards more equitable health outcomes at country level.

Without further ado, I would therefore like to thank you for your kind attention, welcome you once again to this event, and leave the floor to Prof. Takemi to set the stage for our discussion. Thank you.