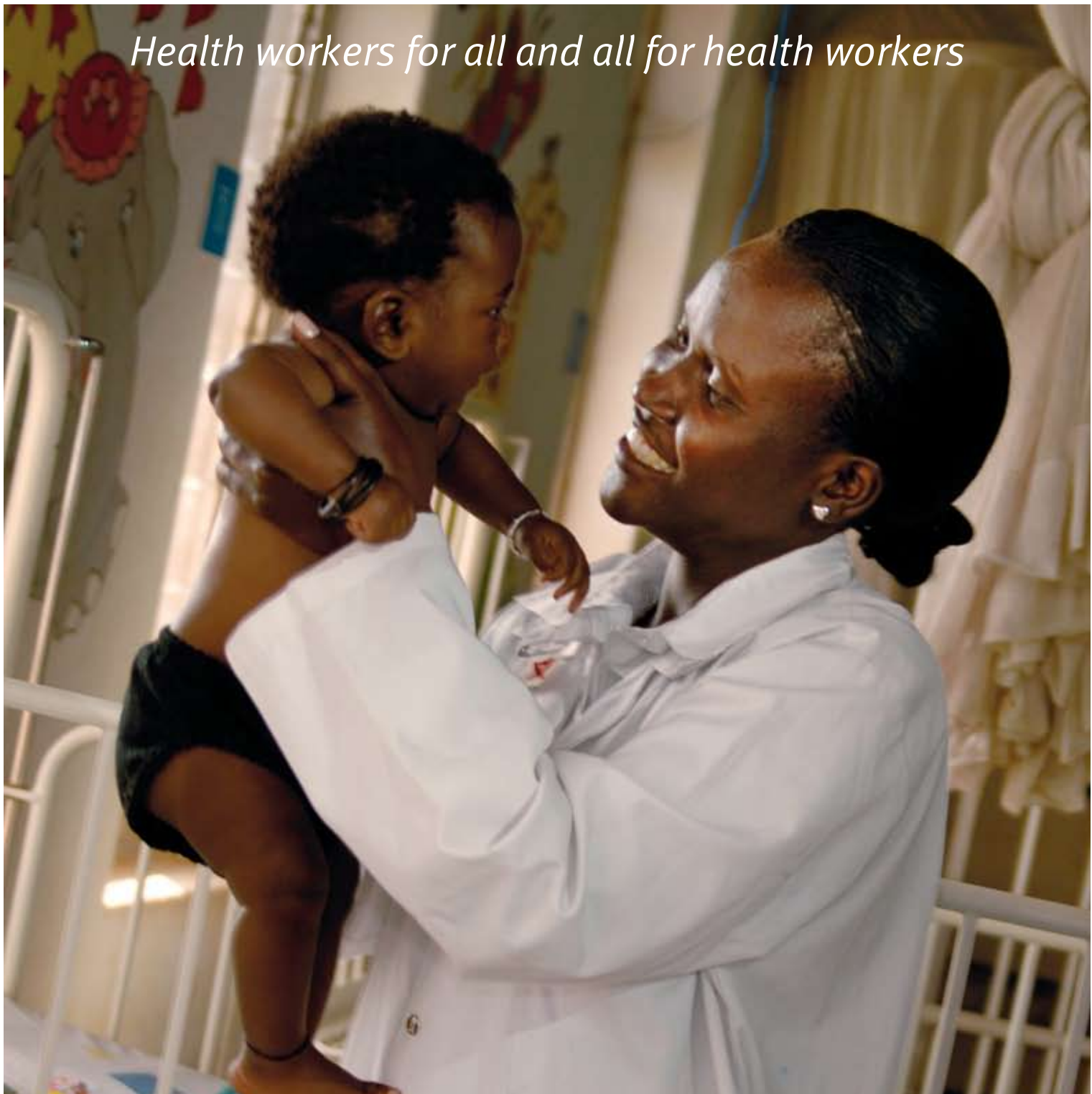


Health workers for all and all for health workers



THE KAMPALA DECLARATION AND AGENDA FOR GLOBAL ACTION

WHO Library Cataloguing-in-Publication Data :

The Kampala declaration and agenda for global action.

1.Health manpower - trends. 2.Health manpower - organization and administration. 3.Health manpower - economics. 4.Health personnel. 5.Health policy. I.World Health Organization.

ISBN 978 92 4 159672 5

(NLM classification: W 76)

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Design by Paprika (France)

Printed in Switzerland

Cover photo: © WHO/Vanessa Vick

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CONTENTS

Message from the UN Secretary-General	6
Preface from the Director-General, WHO	7
Acknowledgements	9
The Kampala Declaration	10
Agenda for Global Action	13
I. Purpose and approach	13
II. Strategies for action	14
III. A platform for shared learning and mutual accountability	19
Annex	22

MESSAGE

by United Nations Secretary-General Ban Ki-Moon, to the First Global Forum on Human Resources for Health, 2-7 March 2008

Dr Omaswa, Excellencies,

Throughout the world, communities face multiple challenges as they seek to build capacities that will enable them to develop and prosper.

We know that health is a cornerstone of economic growth, human development and global security.

We know that investing in health is key to reducing maternal and child mortality, combating AIDS, malaria and tuberculosis and other diseases.

These are vital Millennium Development Goals and prerequisites for the long-term development of all societies.

We are now at the mid-point in the race to reach the Millennium Development Goals and we know there is no time to lose. That is one of the many reasons why your gathering is so important.

Almost 60 countries, most of them in Africa, face such critical shortages of health workers that they cannot provide basic health care to all of their people. The time has come to focus on supporting and retaining the true lifesavers in every nation.

I appreciate that the issues are complex. The crisis in the health workforce crisis requires that different stakeholders take action in a range of areas: migration, development, education, finance and more. There are no neat and simple solutions.

I applaud you all for the efforts you are making, and I am delighted that they will be brought together in this important forum.

As Secretary-General, I have made health one of my key priorities for 2008 and beyond. I am personally invested in advancing efforts that protect the health of the poorest and most vulnerable.

There is a renewed momentum throughout the international community. The issues before us are vast and wide-ranging, tackling specific diseases that affect the poor and most vulnerable while moving towards functioning and accessible health systems around the world.

We have the resources and the know-how. Let us work together with a coherent and coordinated action to translate commitments into protected livelihoods and saved lives.

In this spirit, I thank you for your commitment to our shared mission. I wish you a most productive Forum.



Ban Ki-Moon,
United Nations Secretary-General

PREFACE

Health workers are the cornerstone and drivers of health systems. The shortage of health workers is unanimously accepted as one of the key constraints to the provision of essential, life-saving interventions such as childhood immunizations, safe pregnancy and childbirth services for mothers, and access to treatment for AIDS, tuberculosis and malaria. Health workers are also critical to our preparedness for and response to the global security threats posed by emerging and epidemic-prone diseases and the consequences of climate change. Without prompt action, the shortage will worsen and health systems will be weakened even further.

Addressing the critical shortage of health workers is a high priority for WHO. Member States have raised the issue, on multiple occasions, through World Health Assembly resolutions. We recognize the need for urgent, results-oriented action.

A key catalyst for action and increased momentum has come from the creation and ongoing work of the Global Health Workforce Alliance. This partnership brings together a wide spectrum of stakeholders across the world as a common platform for identifying and implementing solutions to the health workforce crisis. WHO is a key partner, hosting the Alliance and providing its secretariat.

We are grateful to this Alliance for bringing much needed attention and energy to the health workforce agenda, for sustaining its political visibility and above all for convening the first ever Global Forum on Human Resources for Health. The Kampala Declaration and Agenda for Global Action, adopted by the Forum, can be used by countries and other stakeholders as a roadmap to guide work on human resources for health over the next decade. WHO will continue to work hand-in-hand with countries and stakeholders to translate the commitments made into action - towards strengthening health systems and achieving the health-related Millennium Development Goals.

In our work to support Member States, we encourage country leaders and decision-makers to use these tools to help guide the development of their national plans, particularly as they respond to the reality of health worker shortages. Populations need health workers but health workers also need the support of the people they serve. The title of the document, “Health workers for all and all for health workers”, is well chosen and should be the rallying call among communities and their health workers.

WHO and its partners will promote and advocate the use of these tools at all levels. Working together we can move towards the vision set out by my predecessor, Dr J. W Lee: that ‘every person, in every village, everywhere have access to a skilled, motivated and facilitated health worker’.



Dr Margaret Chan,
Director-General, World Health Organization



A glimpse of the First Global Forum on Human Resources for Health
Kampala, Uganda. 2 - 7 March 2008.



ACKNOWLEDGEMENTS

The Global Health Workforce Alliance convened the first-ever Global Forum on Human Resources for Health from 2 -7 March 2008. Over 1,500 participants came together in Kampala, Uganda, to share experiences of what is and isn't working in the response to the health workforce crisis and to build networks, consensus and capacity.

The Forum generated excitement, energy and took place within an atmosphere of extreme congeniality. This was an example of true partnership in action, with important outcomes – the endorsement of the Kampala Declaration and Agenda for Global Action under the banner of “Health Workers for All and All for Health Workers”.

Building on commitments already made by high-level policy makers from around the world on reversing the crisis, the Kampala Declaration and Agenda for Action is a synthesis that specifically highlights the critical role played by high level leadership, the challenges of partnership, the need for behavior change and the key steps needed towards resolving the crisis. Its purpose is to guide work on human resources for health over the next decade, translating political will, commitments, leadership and partnership into effective and immediate and sustained actions.

At the heart of the document is consultation and collaboration. It was developed within a highly consultative process, working together with multiple stakeholders at country, regional and global level to shape its content and message. Consultations were held in Geneva with technical experts, Washington with partners, Addis Ababa with Education leaders and Cape town with African leaders. The final product - a critical tool for use at all levels to respond to the health workforce crisis -therefore belongs to all stakeholders. And the responsibility to implement the actions rests with us all.

The document and the First Global Forum on Human Resources for Health would not have been possible without collaborative hard work, commitment and support from stakeholders. The Global Health Workforce Alliance would like to extend its most sincere gratitude to everyone who played a part in making the event and the document a success. We thank the Government of Uganda for welcoming the Forum to Kampala, providing political, logistic and high-level participation in the event. We extend a special thanks to the World Health Organization, including the country office on the ground in Kampala, who provided invaluable guidance and assistance. We also thank the Editor and staff of the Lancet for publishing a special edition dedicated to the Forum which generated much interest. To all our donors and other partners - including those in the development community, international organizations, professional associations, academia, the private sector, and to those involved in the organization, implementation and development of the Forum and its outcome documents, we thank you all sincerely.

The dedication and effort shown has been incredible. Moving towards finding solutions for the health workforce crisis requires nothing less. Working together, we uphold and strengthen the slogan chosen for the document: “Health workers for all and all for health workers”.



Dr Francis Omaswa
Executive Director



Dr Sigrun Møgedal
Chair, Forum Organizing Committee



Dr Lincoln Chen
Chair of the Board

Global Health Workforce Alliance

THE KAMPALA DECLARATION

We, the participants at the First Global Forum on Human Resources for Health in Kampala, 2-7 March 2008, and representing a diverse group of governments, multilateral, bilateral and academic institutions, civil society, the private sector, and health workers' professional associations and unions;

Acknowledging that the enjoyment of the highest attainable standard of health is one of the fundamental human rights;

Recognizing the need for immediate action to resolve the accelerating crisis in the global health workforce, including the global shortage of over 4 million health workers needed to deliver essential health care;

Recognizing the devastating impact that HIV/AIDS has on health systems and the health workforce, which has compounded the effects of the already heavy global burden of communicable and non-communicable diseases, accidents and injuries and other health problems, and delayed progress in achieving the health-related Millennium Development Goals;

Recognizing that in addition to the effective health system, there are other determinants to health;

Aware that we are building on existing commitments made by global and national leaders to address this crisis, and desirous and committed to see immediate and urgent actions taken;

Now call upon:

1. Government leaders to provide the stewardship to resolve the health worker crisis, involving all relevant stakeholders and providing political momentum to the process.
2. Leaders of bilateral and multilateral development partners to provide coordinated and coherent support to formulate and implement comprehensive country health workforce strategies and plans.
3. Governments to determine the appropriate health workforce skill mix and to institute coordinated policies, including through public private partnerships, for an immediate, massive scale-up of community and mid-level health workers, while also addressing the need for more highly trained and specialized staff.
4. Governments to devise rigorous accreditation systems for health worker education and training, complemented by stringent regulatory frameworks developed in close cooperation with health workers and their professional organizations.
5. Governments, civil society, private sector, and professional organizations to strengthen leadership and management capacity at all levels.
6. Governments to assure adequate incentives and an enabling and safe working environment for effective retention and equitable distribution of the health workforce.
7. While acknowledging that migration of health workers is a reality and has both positive and negative impact, countries to put appropriate mechanisms in place to shape the health workforce market in favour of retention. The World Health Organization will accelerate negotiations for a code of practice on the international recruitment of health personnel.

8. All countries will work collectively to address current and anticipated global health workforce shortages. Richer countries will give high priority and adequate funding to train and recruit sufficient health personnel from within their own country.
9. Governments to increase their own financing of the health workforce, with international institutions relaxing the macro-economic constraints on their doing so.
10. Multilateral and bilateral development partners to provide dependable, sustained and adequate financial support and immediately to fulfill existing pledges concerning health and development.
11. Countries to create health workforce information systems, to improve research and to develop capacity for data management in order to institutionalize evidence-based decision-making and enhance shared learning.
12. The Global Health Workforce Alliance to monitor the implementation of this Kampala Declaration and Agenda for Global Action and to re-convene this Forum in two years' time to report and evaluate progress.





AN AGENDA FOR GLOBAL ACTION

I. Purpose and approach

This Agenda for Global Action will guide the initial steps in a coordinated global, regional and national response to the worldwide shortage and mal-distribution of health workers, moving towards universal access to quality health care and improved health outcomes. It is meant to unite and intensify the political will and commitments necessary for significant and effective actions to resolve this crisis, and to align efforts of all stakeholders at all levels around solutions.

It builds on commitments already made by high-level policy makers in efforts designed to marshal the world's collective knowledge and resources to reverse this crisis¹.

*Everyone committed to this agenda shares the vision that **'all people, everywhere, shall have access to a skilled, motivated and facilitated health worker within a robust health system'**.*

Acute shortages of health workers in most countries, rich and poor, are undermining advances already made in improving health and threaten further progress.

The health workforce challenges we face cannot be left to individual countries, nor delegated to international agencies. Along with the need to significantly scale up investments in the health workforce as part of any effort and initiative to build health systems, the global and national policy environment must create the necessary space for effective action, where multiple stakeholders pull together, guided by evidence, innovation, solidarity and mutual accountability.

The Agenda for Global Action is built around six fundamental and interconnected strategies, based on previous actions and commitments. It is a synthesis that specifically highlights challenges and the need for change which reflects the essential continuum of planning, training, deployment and retention. Its purpose is to translate political will, commitments, leadership and partnership into effective actions.

The six interconnected strategies are:

1. Building coherent national and global leadership for health workforce solutions
2. Ensuring capacity for an informed response based on evidence and joint learning
3. Scaling up health worker education and training
4. Retaining an effective, responsive and equitably distributed health workforce
5. Managing the pressures of the international health workforce market and its impact on migration
6. Securing additional and more productive investment in the health workforce

A selection of priority actions is presented under each of the strategies. These actions will be undertaken according to individual country circumstances, with regional and global action aimed at supporting an effective country response.

Countries will convene all relevant stakeholders into *an agreed national effort* on the health workforce, as part of their response to broader health system needs. Based on shared discussions and shared commitments from the public, private and civil society actors, this effort will also

¹ See Annex

reflect an understanding of the competing national and international forces which impact on the countries' ability to ensure access to adequate health care for all their people.

External support to this *agreed national effort* will be aligned around country priorities and benefit from global initiatives and international partnerships designed to enhance both financial and technical resources. Responding to the agreed priorities will therefore represent a *shared commitment* that, inter alia, links the many initiatives in support of meeting the MDGs² and the global commitment to scale up access to HIV prevention, treatment, care and support³.

Finally, an essential part of the agenda for global action is to combine these strategies into a *platform for mutual accountability among a concerned community of stakeholders*. This platform will accelerate overall progress, identify and overcome barriers and build a basis for shared knowledge and learning based on evidence and transparency.

The Global Health Workforce Alliance and regional health workforce networks will be a fora for sharing of information and evidence, convene discussions among all stakeholders and provide visibility for major challenges and results.

II. Strategies for action

1. Building coherent national and global leadership for health workforce solutions

The health workforce crisis calls for extraordinary leadership at all levels, focused on solutions and driving results, to give visibility to all issues that hinder access to health workers across the globe. Far better coherence is required across sectors of government, such as between health, education, trade, finance, labour and local governments. Leaders representing all stakeholders need to engage in open discussions to locate critical gaps, determine their causes and decide on approaches to solutions, including at national, regional and global levels. **They then need to act.**

- 1.1. Government leaders, Ministers of Health and other national leaders will commit to providing **'all people, everywhere with access to a skilled, motivated and facilitated health worker within a robust health system'**. They will work to identify gaps in policy coherence across sectors and other barriers to effective national policies and strategies. They will be backed by enabling legislation and policy frameworks designed to promote the health workforce agenda locally, nationally, regionally and globally.
- 1.2. The highest level of government, with the Minister of Health supported by other relevant Ministers, as well as health workers, civil society and other stakeholders, will lead the development, implementation and evaluation of comprehensive, costed health plans that specifically address health workforce strategies, as the basis for a shared commitment to a agreed national effort, with both a mid-term and long-term perspective.
- 1.3. Leaders of professional associations, trade unions, academic and research institutions and the private sector will examine the impact of their programmes and how they can better contribute to the access for all people to health workers. They will present concrete steps they can take towards solutions to critical gaps and imbalances.
- 1.4. Leaders of multilateral and international agencies, along with external funding and collaborating partners, will raise the visibility and urgency of the need to overcome

² The International Health Partnership, Global public-private health partnerships and funding instruments, including GAVI and the Global Fund to fight AIDS, TB and Malaria.

³ UN General Assembly, 2005, followed by the High-level UN session of June 2006.

constraints to health worker access. To this end, any partnership serving to strengthen health systems and the MDGs must support the evolution, implementation and evaluation of a national action plan for increasing and improving the health workforce.

- 1.5. All stakeholders will agree to create and cooperate in maintaining mechanisms to hold each other accountable for their actions. They will abide by human rights principles such as equity, mutual respect and participation, and uphold the vision of health for all.

2. Ensuring capacity for an informed response based on evidence and joint learning

Although governments are increasingly active in developing and implementing effective policies, plans and programmes related to health workers, their efforts are hampered by a critical lack of capacity in having these plans informed by country-specific quality baseline data, information and analysis. Countries are also in need of information and analysis to deal with global policy issues which impact on the working conditions of health workers.

- 2.1. Multilateral institutions, development partners, academia, private and public sector actors and civil society will scale up investment in capacity building on health workforce policy and management at country and regional level, and facilitate cooperation between countries, especially South-South. They will also facilitate improved access to innovation and to global knowledge networks for researchers from these countries.
- 2.2. Countries will collaborate to develop sub-regional and regional centres and networks of high academic quality and strong capacity to establish the data and evidence base, support policy-relevant analysis and research and facilitate shared learning across borders, including through the exchange of technical expertise between Ministries of Health.
- 2.3. In-country private and public academic institutions will strengthen collaboration on health workforce policy research, education and training in support of building the evidence base and responding to their commitments to the agreed national health workforce plan. Regional and international exchanges among academic institutions will be encouraged, including South-South and South-North collaboration.
- 2.4. Countries will develop standardized indicators and strengthen statistical capacity, provide a better base for labour market analysis, policy development and health workforce management and include robust monitoring and evaluation frameworks into the agreed national plan for the health workforce

3. Scaling up health worker education and training

The massive scale-up of education and training required to achieve the necessary increase in the health workforce will demand coordinated action and commitment from each country and from the international community. In addition to a significant increase in dedicated long-term funding, new and innovative approaches to education and training are needed. Evidence is emerging about what can be done to scale up the education and training of health workers quickly and effectively⁴.

- 3.1. Ministers of Health, Education and Public Service / Labour, along with leaders of public and private education institutions, will determine the full range and appropriate skill mix of health workers appropriate for their countries. They will institute coordinated policies and agree on steps to address immediate, medium and long term needs with at least a 10-year

⁴ Scaling Up, Saving Lives: forthcoming Report of the Task Force for Scaling Up Education and Training for Health Workers.

planning horizon. These efforts will be aligned with country health priorities for rapid implementation as an integral part of health service delivery and with programmes to reduce attrition of staff and students.

- 3.2. Immediate priority will be given by all stakeholders to a country-relevant expansion of education and training to increase community and mid-level health workers, alongside highly-skilled staff. Countries will emphasize community and team-based training, along with other innovative approaches⁵ and linked to service delivery.
- 3.3. Governments will set quality standards for service, accreditation systems for education and training, appropriate regulatory framework for the provision of education by both the public and private sectors, and progress indicators for their countries. This work will be done in close cooperation with professional organizations.
- 3.4. Governments with private and public academic and training institutions will explore innovative and pragmatic approaches to developing and utilizing new and existing faculty, infrastructure and partnerships to enable a well balanced, significant increase in education, training and research capacities. Scaling up education and training will be linked to health workforce information systems and will use systematic methods in quality monitoring and improvement.
- 3.5. The main focus for scaling up should be pre-service education. However, in-service training should also be an integral part of education and training plans that are conducted in such a way that health workers are not unnecessarily removed from their work environments. They should also be linked to professional growth. The disproportionately large amount of resources that are currently applied to in-service training should be redirected, reshaping pre-service curricula to include much of what is presented in-service so that the latter can be minimized and work flow better maintained.
- 3.6. Multilateral and international agencies, global initiatives, development partners and the private sector will devote a significant and predictable part of their investment in health programmes to intensified health workforce education and training according to national priorities, including technical support, regional and South-South and North-South collaboration.

4. Retaining an effective, responsive and equitably distributed health workforce

Retaining skilled health workers in service delivery, management and support and their equitable distribution to ensure access to quality services for all, is crucial. Both financial and non-financial incentives influence workers' motivation, ability and willingness to act productively and efficiently, as well as their willingness to remain in their jobs.

Attention to the distribution of the overall national health workforce and the need for a more effectively managed and facilitated mix of public, not-for-profit and private services is required to enable sustainable access for all. Inadequate information about the health workforce in many countries hinders both analysis and well-tailored action and inhibits monitoring on the improvement of retention and access. This information gap has a disruptive effect on the essential continuum of planning, training and deployment and management.

- 4.1. Governments to assure adequate incentives and an enabling and safe working environment for effective retention and equitable distribution of the health workforce.

⁵ Examples may include the concept of 'rural recruitment, local training and hometown placement' as well as curricula that are community-, competency- and team-based, see also footnote 4

- 4.2. Ministries of Health, cooperating with academic institutions, will promote and support the development of a critical mass of effective managers at all levels in the public health sector who can implement well-designed, comprehensive and coherent retention strategies. Ministries of Health will establish specific structures at a senior level such as directorates for planning the strategic direction of health workforce policies, linking these to health needs, service provision targets, education and training, and ensuring intersectoral coordination.
- 4.3. Ministries of Health, supported by other Ministries in cooperation with professional associations, trade unions, employers, civil society and development partners, will actively develop and test innovative approaches, including sustainable and acceptable financial and non-financial incentives, to achieve more equitable distribution, and retention of motivated health workers.
- 4.4. Health professionals, supported by governments, civil society and the international community, will build strong national, regional and international institutions such as professional associations providing fellowship, peer oversight, promotion of professionalism and the facilitation of stable, participatory relations as the framework for negotiation and dialogue. Employers will ensure that staff performance management systems are implemented and regularly reviewed.
- 4.5. Ministries of Health, together with civil service administrations and in dialogue with professional associations, trade unions and civil society, will convene *regular meetings of stakeholders* to discuss and monitor issues related to retention, job and patient satisfaction, professional and social recognition, data on access to a health worker, the public-private mix as well as the enabling role of communities and non-health actors.
- 4.6. In their partnership with countries, international agencies and collaborating partners, private sector, academic institutions and civil society will be responsive to national policies related to health worker retention, including with predictable and long-term financial support and innovative ways to improve retention and distribution. They will ensure that their own recruitment policies are based on shared values and ethical codes, harmonize pay policies between governments and donor-funded service provision agencies and transparently share information about the way their programming and presence impact on the health workforce in the country.

5. Managing the pressures of the international health workforce market and its impact on migration

Poorer countries are most affected by the loss of their already scarce health workforce to countries with better conditions and higher salaries. There are increasingly competitive, cross-border pressures in the health sector. These include the growing demand from national health systems in rich countries as well as the growing trade and private commercial investment in health services. In these circumstances, there is a need to find ways to stabilize the health workforce market and reduce the negative impacts of the high mobility of health professionals, thereby improving retention.

Individuals have the right to leave any country, including their own⁶, in search of better opportunities, but health workers trained with public resources have obligations as defined by individual countries.

⁶ Article 13, Universal Declaration of Human Rights, 1948.

- 5.1. Governments will monitor health workforce flows in and out of countries, making such data transparently available and using this information to inform policy and management decisions.
- 5.2. The World Health Organization will accelerate negotiations for a code of practice on the international recruitment of health workers. This code should be a tool used by countries, regions and health professionals to negotiate agreements. Consistent with the agreed code of practice, destination countries should commit to supporting and enhancing the education and training of health workers both at home and in source countries. Actions should also be taken to realize the untapped potential of the health worker diasporas for improving health services in source countries.
- 5.3. All countries will work collectively to address current and anticipated global health workforce shortages. Richer countries will give high priority and adequate funding to train and recruit sufficient health personnel from within their own country.
- 5.4. National governments will be supported to develop coherent policies and build capacity to analyze the implications of trade agreements on the mobility of the health workforce. This effort will be informed by stakeholder consultation mechanisms within and outside government.
- 5.5. Stakeholders will test and evaluate innovative interventions in the international health workforce market to assist retention.

6. Securing additional and more productive investment in the health workforce

In many countries, insufficient overall investment exists side-by-side with inefficiencies in investing on the health workforce. These must be addressed together in order to make the needed additional investments more productive and effective in scaling up access. Evidence-based good practices are required in order to establish the financial basis for better retention policies, for wage ceilings and contracting arrangements, for equitable deployment, for using donor aid to improve health workforce capacity in a sustainable way and for designing payment mechanisms that can reward good performance.

Countries will need to commit to predictable funding of health workforce plans by giving high national priority to the careful allocation and reallocation of new and existing domestic and external resources. This includes analyzing wage bill ceilings and civil service hiring arrangements and addressing them wherever they represent a major obstacle to scaling up.

- 6.1. Adequate proportion of health sector funding will be dedicated to the health workforce. To this end, all countries will move quickly towards meeting existing pledges for financing health and development, such as the 2001 Abuja Declaration that commits signatory countries to allocate at least 15% of their national budgets to improving the health sector, and the OECD countries' Monterrey Consensus, in which signatories committed to allocate at least 0.7% of their Gross Domestic Product to Official Development Assistance.
- 6.2. Global health initiatives, the World Bank, bilateral donors and other partners will provide funding that is timely, predictable, effectively harmonized and aligned with national priorities within the context of integrated support to the health sector. This funding will contribute significantly and adequately to alleviate financial shortfalls that prevent countries from fully implementing their health workforce plans.

- 6.3. International and regional financial institutions will address issues of fiscal space for scaling up investment to meet health workforce needs. This will include country-specific analysis of macroeconomic conditions that impact wage ceilings, health spending, and constrain civil service hiring arrangements necessary for meeting established priority needs in the health sector. These institutions will undertake and act upon research and analysis on how spending on health and education can be increased.
- 6.4. Governments will consider exempting the health sector in situations of civil service downsizing that are laid out in national development strategies. Ministries of Health will strengthen their case for increased spending by establishing the conditions for making investment more productive through costed health workforce plans based on evidence about what affects retention and health worker performance.
- 6.5. Ministries of Health, cooperating with other stakeholders, will take advantage of public-private partnerships and pursue innovations in the area of health workforce development by working to understand the private sector health workforce better and exploring ways to leverage this workforce to contribute to the goals and objectives of strategic plans of countries.
- 6.6. Ministries of health together with partners will develop financial risk sharing mechanisms (e.g. health insurance systems) and performance-based financing schemes to provide social protection and increased efficiency that can provide more predictable and productive financing for the health workforce and complementary health system development.

III. A platform for shared learning and mutual accountability

The primary purpose of this Agenda for Global Action is to establish the understanding that addressing the country-level health workforce crisis is the collective responsibility of all relevant stakeholders at country, regional and global levels. The associated purpose is to generate commitment for timely action.

GHWA and other agencies will disseminate good practices on responses to the health workforce crisis. Improved information, data and research, as proposed by this Agenda for Global Action, will be the basis for accountability between partners, stakeholders, countries and regions.

Country-level multi-stakeholder action: monitoring solutions to critical gaps

The stage for action and accountability will be set at the country level by translating the six strategies of the global agenda into health workforce plans. These plans will be aligned with national health strategies in response to priority health programmes, and aligned to the inter-sectoral challenges of national HIV/AIDS responses.

Stakeholders in each country will together identify critical gaps to be dealt with in the short-, medium- and long-terms, will make concrete commitments to shared action, with explicit engagements of all relevant stakeholders. Such commitments will be accompanied by baseline data, timelines and agreed measures for monitoring progress.

Specifically, global initiatives and programming of external support to health systems and disease-specific interventions in countries will be analyzed and monitored in terms of their impact on the health workforce and on access for all people to skilled health workers.

Such analysis and information will be *made available to all stakeholders and experiences shared* through biannual meetings.

Regional and global monitoring to build knowledge and influence policy

The Global Health Workforce Alliance, together with country and regional partners, will accelerate the development of a common framework for essential country baseline information and a benchmarked monitoring of human resources for health in the context of health systems, with the World Health Organization as the lead normative agency. The framework will also capture the impact of global and regional policies on solutions to country health workforce issues.

National monitoring of progress on resolving the health workforce crisis will serve as the basis for regional and global monitoring and evaluation.

Regional monitoring shall be undertaken through regional intergovernmental bodies and observatories that can utilize the strategic information generated through national reports to influence regional policy debate and to draw global attention to region-specific issues.

Global monitoring and evaluation will be focused on the generation of strategic information for policy dialogue, knowledge sharing and learning, based on national and regional reports. In order to hold the interest of the various stakeholders and maintain the benefits of their diversity, different high-level fora will be utilized for influencing global policy decisions and actions.

Monitoring progress in aligning stakeholder contributions

Each of the stakeholder groups will identify specific barriers to an effective response, specific to each group, that impact action at country, regional and global levels. Each group will be committed to sharing information on progress made in overcoming these barriers. Special attention will be given to monitoring:

- the alignment of efforts by public and private donors and foundations, global partnerships and initiatives;
- collaboration across public and private medical schools, academic institutions and training centres;
- the contribution of professional associations to reform and essential regulation;
- the role of civil society as consumers, advocates and providers; and
- appropriate adherence to ethical codes of recruitment and contributions to fairness and solidarity.

Independent analysis, monitoring and evaluation

Independent analysis, monitoring and evaluation by academic institutions and civil society will be encouraged. Such information will be shared through peer review, dialogue and transparent publication, and will be applied towards building knowledge and influencing policies and practices.



The role of the Global Health Workforce Alliance (GHWA)

GHWA will serve as a catalyst and a global convener to bring together different stakeholders for learning, dialogue, advocacy and joint action.

GHWA will facilitate mechanisms to combine the different elements of monitoring and accountability in order to articulate the link between health workforce measures taken at the country, regional and global levels and will communicate the outcomes of these measures. It will also document financial flows and policy measures taken, as well as illustrate how enabling policies that are combined with effective allocation of new and existing resources actually improve health systems and outcomes.

In addition, GHWA will identify key strategic opportunities for advancing the global health workforce agenda by applying a health workforce perspective to global and national policies, building the knowledge base and sharing learning about good practices.

GHWA will collaborate with and support the roles of the regional networks or alliances to further strengthen collective movements in the regions.

GHWA will compile a status report every two years, the first of which will be submitted to the Second Global Forum on Human Resources for Health.

ANNEX

- Millennium Declaration (2000)
www.un.org/millennium/declaration/ares552e.htm
www.undp.org/mdg/basics.shtml
- Monterrey Consensus (2002)
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Launched in 2006, the **Global Health Workforce Alliance** is a partnership dedicated to identifying and implementing 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 and administered by the World Health Organization.

For further information, please contact :

Global Health Workforce Alliance
World Health Organization

Avenue Appia 20
CH-1211 Geneva 27
Switzerland

Tel: +41 -22- 791 16 16

Fax: +41 - 22 791 48 41

Email: ghwa@who.int

Web: www.who.int/workforcealliance

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ISBN 978 92 4 159672 5



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