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MESSAGE FROM THE EXECUTIVE DIRECTOR



Dear readers,

We had a very eventful and fruitful 4th quarter in 2009. Over 300 delegates from various stakeholder groups from 40 countries in Africa and Asia have participated in country coordination and facilitation meetings in Ghana, Burkina Faso and Viet Nam, sharing their good practices and experiences on human resources for health (HRH) issues. We have also convened our experts, working together on advocacy, communication, and evidence and knowledge sharing initiatives. We express our deep appreciation to all of our partners and members for collaborating with the Alliance.

2010 is set to be an exciting year to prepare for the 2nd Global Forum on Human Resources for Health to take place in Bangkok, Thailand, in January 2011. With the

New Year and New Biennium 2010-2011 approaching, it has been a good time for us to look back on many unfinished agendas and emerging trends in fast-changing global health and development scenes to determine a renewed set of priority initiatives.

Looking forward, we as the Alliance are both inspired and committed to step up our collective efforts to address the persisting health workforce shortages in both developing and developed countries in order to respond to health needs of populations affected by increasing impacts of climate change and other crises.

No country can be fully secure, stable, and able to fulfill its broader health and development goals without skilled, motivated and supported health workforce.

Happy reading, and best wishes for a very productive 2010!

Dr Mubashar Sheikh ■

NEWS

COUNTRIES AND PARTNERS IN AFRICA AND ASIA CALL FOR A COORDINATED, MULTISECTORAL RESPONSE TO HUMAN RESOURCES FOR HEALTH SHORTAGES

Unprecedented numbers of countries and partners convened three milestone conferences in Africa and Asia in October and November, focusing on best coordination and facilitation practices to resolve the alarming shortages in human resources to achieve health and development goals.

The conferences focused on Good Practices for Country Coordination and Facilitation on Human Resources for Health (HRH), based on a draft document developed by the Alliance Secretariat in consultation with partners.

The first conference that took place on 26-29 October in Accra, Ghana has brought together in-country

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Countries and partners in Africa – Continued

representatives and development partners from 14 English-speaking countries in Africa. The second meeting held jointly with the World Bank and WHO, targeting 18 French-speaking countries in Africa, and Haiti, was held in Ouagadougou, Burkina Faso on 9-14 November. The third meeting involved seven countries with priority concern for human resources for health in South East Asia and Western Pacific regions, and took place in Hanoi, Vietnam, on 22 November 2009.

The objectives of the meetings were to discuss progress and challenges the countries are facing in implementing their country coordination and facilitation (CCF) mechanisms for HRH, to facilitate sharing of experiences among countries, regions and partners, and to reflect on the good practices and principles included in the draft global guidance document developed by the Alliance.

There were altogether 340 participants from public agencies such as health, education, finance and labour Ministries, professional associations, private hospitals



and civil society organizations, and multilateral, bilateral and regional partners. The conferences enabled close-up discussions among country delegates and their domestic and external development allies, marking a significant momentum for multisectoral consensus to respond to HRH challenges in order to pave way for countries to achieve broader health goals of universal access and MDGs. ■

IN BRIEF

TOWARDS A WHO GLOBAL CODE OF PRACTICE ON THE INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL



Migration has been one of the key issues affecting the global health workforce shortages. Evidence shows that migration of health workers from countries with

the worst shortages has increased substantially over the past 30 years. WHO research in OECD (Organization for Economic Co-operation and Development) countries showed that foreign-born doctors averaged 18%, and foreign-born nurses, 11%, of the totals in health workforces in OECD countries.

Addressing this global problem, the WHO has been developing a Code of Practice on the International Recruitment of Health Personnel through a multi-stakeholder, consultative process. A draft document of the Code has been released on the WHO website on 4 December 2009 - http://apps.who.int/gb/ebwha/pdf_files/EB126/B126_8-en.pdf. It is expected that the Draft Code of Practice will be discussed at the WHO Executive Board session in January 2010 for a possible discussion at the next World Health Assembly in May 2010. ■

CO-HOSTS AND PARTNERS KICK OFF PREPARATIONS FOR THE 2ND GLOBAL FORUM ON HUMAN RESOURCES FOR HEALTH

On 3-4 December 2009, the co-hosts and partners for the 2nd Global Forum on Human Resources for Health organized the First Joint Planning Workshop in Geneva, Switzerland. Partners brainstormed on the primary purpose of the Second Global Forum and decided on priority actions to set up the organization of the Forum.

The Forum is expected to become a unique opportunity to advance progress achieved in the HRH field since the First Forum that took place in Kampala, Uganda in March 2008. The Forum's pioneering co-hosts will be the Prince Mahidol Award Conference of Thailand (PMAC), WHO, the Global Health Workforce Alliance and JICA. ■

UN GENERAL ASSEMBLY RESOLUTION HIGHLIGHTS HEALTH WORKFORCE CHALLENGES

The 64th General Assembly of the UN approved a resolution on “global health and foreign policy” on 10 December 2009. The resolution, while underscoring the need for coordinated global response to the current influenza pandemic, strongly encouraged the UN Member States to consider health issues in the formulation of foreign policy.

The resolution stated the UN’s deep concern for the lack of health workers, as well as their uneven distribution within countries and throughout the world – in particular the shortage in sub-Saharan Africa – in a special section “Human resources for health and foreign policy”.

This emphasizes the need for countries to review recruitment and retention policies that exacerbate the

problem, underlining the importance of national and international actions, including the development of health workforce plans, which are necessary to increase universal access to health services, encouraging the finalization of a WHO code of practice on international recruitment of health personnel.

The resolution calls on Members States to affirm their commitments to the training of more health workers, in particular through international cooperation programmes including South-South cooperation. The resolution also requested a special UN/WHO report on the issue to make recommendations to the UN General Assembly’s high-level plenary meeting in September 2010. ■

ADVOCATES CALL HRH A UNIFYING THEME FOR GLOBAL HEALTH COMMUNICATIONS



The Alliance Secretariat, in cooperation with the Health Workforce Advocacy Initiative (HWAI), convened the first informal consultation of advocates and communicators on Human Resources for Health, on 19-20 November 2009 in Geneva, Switzerland.

Some 30 representatives from the Alliance member civil society groups, health care professional associations, media and international organizations participated

in the meeting specifically aimed at reflecting on achievements and lessons learnt so far, while developing a shared vision and priorities for 2010-2011 on HRH advocacy and communications. The meeting has brought together delegates from France, Japan, India, Italy (representing a network of European NGOs), the Netherlands, Nigeria, Pakistan, Uganda, UK and the USA.

Alliance advocates and communicators would like to keep learning from each other and continue working together to achieve their common objectives to raise awareness, leadership and investment along the six strategies of the Kampala Declaration and Agenda for Global Action for HRH.

Key events and opportunities such as the WHO Global Code of Practice, Global HRH Forum in 2011 and the Alliance Champions and Special Advocates’ Programme received broad support from participants who also requested the Alliance CAN (Communications, Advocacy and Networking) team to create a common platform for interaction and collaboration to guide implementation of their shared vision and commitments for 2010-2011. ■

GLOBAL RECOMMENDATIONS ON IMPROVING HEALTH WORKFORCE RETENTION IN RURAL AREAS UNDERWAY

Rural populations around the world have much poorer access to health care workers compared with people living in cities. Although around half of the world’s population live in rural areas, they are served by only 38% of the total nursing workforce and by less than a quarter of the total physicians’ workforce.

In order to support rural communities’ access to well-trained and motivated health workers, WHO is developing a set of global recommendations on improving health workforce retention in rural areas.

The draft recommendations were discussed at the 3rd meeting of the WHO expert group on “Increasing access to health workers in remote and rural areas through improved retention” that took place in Hanoi, Viet Nam, on 23-26 November 2009. The meeting was organized alongside the 4th annual meeting of the Asia-Pacific Action Alliance for Human Resources for Health (AAAH) and brought together experts from 15 Asia-Pacific countries and 8 African countries. It is planned that the recommendations will be finalized in the spring of 2010. ■

THE FIRST MEETING OF THE ALLIANCE REFERENCE GROUP

On 16-17 December, the first meeting of the newly-initiated Alliance Reference Group took place in Geneva. The meeting focussing on “Translating the work of the Task Forces (TF) and Technical Working Groups (TWG) into national health programmes” brought together 18 delegates from multilateral organizations, research and academic institutions, health care professional associations, Ministries of Health, knowledge brokering institutes and international NGOs.

The meeting discussed the rationale and role of Reference Group, which will focus on adding value in integrating the work of task forces and technical working groups operated by the Alliance in 2006-2009 with a view to developing improved strategies to address knowledge gaps and solutions needed by developing countries with aggravated shortages of health human resources. ■

FEATURE: Champions for human resources for health INTERVIEW WITH LORD NIGEL CRISP: NEW ENERGY, CREATIVITY KEY IN FINDING SOLUTIONS TO HRH SHORTAGES



Lord Nigel Crisp has been a passionate and tireless advocate for health workforce issues since 2006. He was acknowledged as “A Champion advocate for Global Health Workforce Alliance” by the Alliance Board Chair Sigrun Møgedal on 26 October 2009. We met Lord Nigel Crisp in Accra, Ghana at the first meeting with countries and partners on “Good Practices for Country Cooperation and Facilitation”.

[Congratulations on being acknowledged as a Champion Advocate. Please share with us why issues around shortages of health workers are important today and why did you come to choose the issue as your mission?](#)

When I was running the national health service, I was very conscious that there were a lot of people coming from developing countries to work in the UK. This, of course, gave us a great deal of variety and experience to draw on, but when I left the health service and went to countries in Africa and South Asia, I saw how these migrating health workers were missed in their own countries. But when you

look at the figures you discover that even if every African health worker who migrated went home, it would however only deal with 10% of the problem. There are only about 180 000 health workers who have moved abroad, but in Africa, you need about 1.5 million more health workers. So the biggest challenge is to produce more health workers through training and education. Therefore, I have been concentrating on how we can scale up training and education for the health workforce in Africa and other developing countries.

[We are here in Accra, where fourteen African countries have come together to a first consultation of its kind to exchange and build on “good practices”. Countries agree how health workforce issue is broader than the health sector and it requires a coordinated response involving a multitude of players. What are the key lessons that we should take away?](#)

I am going to limit myself to three comments. The first is to congratulate GHWA for bringing people from a variety of sectors: health, education, labour, finance, private sector and academic institutions. Everybody is going to work on this together – and this is the biggest single message. Secondly what you actually do depends on the country – you can learn from other people, but whatever you do is going to be rooted in the needs of the particular country. It is not good to bring in a lot of radiologists into a country if it is not the issue that the country wants to deal with. The third is that whatever you do should be transformative. It needs to be about creating workforces needed, using approaches that will work locally. We focused on this principle in setting up the Zambia UK Health Workforce Alliance. Here in Accra, I have seen a lot of creativity throughout the meeting and we need to build on this new energy to find solutions. ■

REALITY CHECK

BETTER PAY HELPS, BUT MORE HEALTH WORKERS NEEDED IN GHANA

During the first meeting with countries and partners on Good Practices for Country Coordination and Facilitation (CCF) held in Accra, Ghana, from 26-29 October 2009, Alliance Communications paid a visit to the La General Hospital in Accra and discussed with health workers about their daily challenges.



Every morning, Selestina Martinson, 63, a principal nurse in the Out-Patient Department of Accra's La General Hospital starts the day with prayers along with 200 anxious patients waiting to receive health care. "It's beautiful, you should have seen it", told me Selestina about the beginning of each day in this crowded district clinic. After the prayers at 8 o'clock sharp, Selestina gives a talk on one of the common health problems. "We talk about malaria, hypertension or alcoholism, which are the reasons why so many of them are here at the clinic."

As in many developing countries, Ghana is facing with a critical shortage of health workers: not enough health workers produced by medical schools, and in addition, a significant portion - up to 30% of trained physicians in Ghana - were estimated to be leaving the country to find better pay, according to the World Health Report 2006. A few like Selestina Martinson were brought back from retirement, as part of the Government's drastic measures to address the capacity crisis.



In recent years, more health workers are staying on the job and more are being recruited, partly due to the increase of salaries. "We are in a much better place, compared with a few years ago," say health workers at the La General Hospital. Since 2005, the Government has increased health worker salaries 3-6 times. "Doctors who used to be paid 300GH¢* are now paid an average of 1 000GH¢, and nurses' salaries increased from 100GH¢ to 600GH¢."

(*1 GH¢ Ghana Cedi = 0.98\$US Dollar)

The La General Hospital serves a population of over 200 000 and employs over 200 health workers - doctors, nurses, pharmacists, medical assistants, prescribers and paramedicals. The clinic has a capacity of 117 beds. The majority of the patients are mothers and children, and the most common illnesses are malaria, pregnancy-related ailments, acute respiratory infections and hypertension.



Dr Dorcas O. Anfu, Acting Medical Superintendent of the La General Hospital is particularly proud of the new national health insurance scheme. "This is the best thing that has happened to Ghanaians," she said. "It is about 20GH¢ for the whole year, 4GH¢ for registration, and everyone has access to any medical care needed: hospital admission, blood transfusion, lab tests and medicines. Ordinary people are very happy, which makes us, health workers, very happy too."



In a maternity ward, 10 mothers and 12 babies are resting after delivery. Back at the Out-Patient Department, Selestina Martinson is checking her last few patients. "The Hospital is very busy in the mornings, especially on Mondays, Tuesdays, and Fridays," says Selestina during her short conversation with us between patient check-ups. Her job is "emergency aid, with all around nursing care," she said, but if we count all other care she provides - start from calming prayers to counselling on hypertension - the job appears to be of several-fold. Despite the huge amount of work, talent and dedication demonstrated by the health workers here at the La General Hospital were impressive signs of hope. ■



Q&A WITH SHEILA TLOU

FOR THOSE WHO MAKE MIRACLES HAPPEN IN AFRICA

Prof. Sheila Tlou is a distinguished advocate for human resources for health issues, demonstrating a strong leadership through her work on HIV/AIDS and gender and women's issues. She was the Minister of Health of Botswana and has received several international awards, including the 2003 Florence Nightingale Medal by the International Committee of the Red Cross. She is one of the four members of the Group of Champion Advocates - an advocacy initiative by the Alliance.

What made you to champion the cause for health workers?

As a Minister of Health of Botswana in 2004 - 2009, I have made efforts on many pressing priorities to improve the health of my people. We were able to achieve more than the 15% target of the government budget devoted to health, we managed to improve health infrastructure significantly, and a lot of money was allocated to support scale up efforts. However, we have also seen that some of the money can not be spent because there is not enough human resources capacity to deliver the work. It became very clear that scale up efforts can be stalled without the sufficient health workforce. And it has become also very clear that the problem is not only in my country, but it's global. Therefore, I wanted to contribute to this global effort to scale up human resources for health to overcome fundamental barriers that exist in improving health care.

How do we resolve the health workforce problem, when the issues so often seem to be contained just within the health sector?

Actually it is not just contained in the health sector, for example engineers are also globally migrating. It is just that in the health sector such issues are more palpable because we are dealing with human lives. More and more of our colleagues working in the Ministries of Finance, Labour and other sectors see that health workforce is crucial not only for health objectives, but also for ensuring the stability and development. And I believe this is also because of the impressive scale up in HIV and AIDS prevention, treatment and care services. Lines and lines of people waiting for ARV treatment can be seen anywhere in Africa, and people are demanding for more health workers to help them receive these services so desperately.

You work with health workers on a daily basis. Do you remember when was the most memorable moment that made you feel proud of health workers?

When I was the health minister in Botswana, I was once invited to launch a home-based care centre for HIV/



AIDS in a rural village. The event was on my plan for four months in advance. Before I went to the village, I made sure the village was enrolled in the ARV scale up programme. When I came, there were no patients in the home-based care centre. But instead, I was greeted by a large choir singing and dancing with a cheerful crowd. I was then informed by the village chief that because of ARVs, there were no patients in the home-based care centre. To my surprised look he responded, "The choir is made of the patients of the centre. They received the ARVs and now are much healthier. So the home based care centre has become a skills-based development centre, where former patients and other villagers are enrolled in income generation projects". I was so pleasantly shocked by the turn of events, and felt so proud of the clinic staff: 3 nurses, a pharmacy technician and 3 primary health care workers, without a single doctor. The whole incident brought tears to my eyes! I know health workers like these and others have the toughest of jobs but also have the highest levels of creativity and dedication that can make miracles happen for those needing health care. ■

VOICES

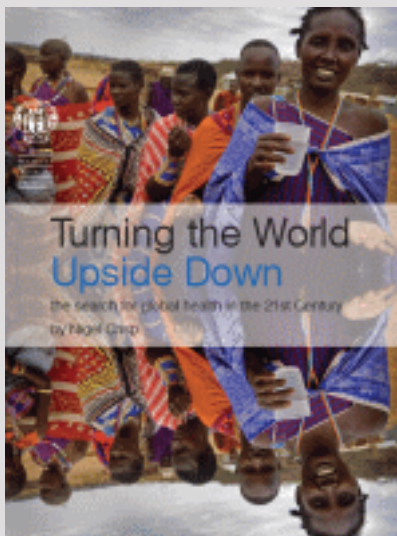
“Human resource capacity in terms of both numbers and quality is a very serious constraint. The health sector is being served by only 38% of the required health workforce, with marked urban-rural disparities. The impact [of HIV/AIDS] on the health sector workforce, its deleterious effect on production activities, and its threat to the sustainability of the social safety networks, remain grave.” *H.E. Benjamin Mkapa, Former President of Tanzania, at the 2nd BMAF Annual Meeting, Dar es Salaam, Tanzania.*

“A decade of poor human resource planning has helped to create a “disaster.” We’ve shut down nursing colleges while we’ve had a nursing crisis developing; we don’t train enough doctors.... And this is why we’re stuck now with this disaster, which is essentially that we just don’t have enough staff to do the work.” *Professor Francois Venter, the president of the South African HIV Clinicians Society, speaking to Voice of America News about the health workforce crisis in the country, aggravated by massive needs of patients requiring AIDS treatment urgently.*

“We cannot imagine winning a war without having enough soldiers, and we cannot achieve good health without health workers.” *WHO Deputy Director-General, Dr Anarfi Asamoah-Baah, at the opening of the CCF meeting in Accra, Ghana.* ■

OUT IN JANUARY 2010

NIGEL CRISP’S NEW BOOK “TURNING THE WORLD UPSIDE DOWN: THE SEARCH FOR GLOBAL HEALTH IN THE 21ST CENTURY”



Richer countries import many health workers from poorer countries, at the same time exporting their ideas and ideologies about health. It is an unfair exchange. What would it be like, Nigel Crisp asks, if it were the other way around - and poorer countries imported health

workers from richer ones and exported their ideas and experiences about health?

Turning the world upside down explores what richer countries can learn from poorer ones and suggests that, instead of talking of international development - where the richer help the poorer - we should think in terms of co-development, each learning from the other. By bringing together insights from all parts of the world, the book sets out a new vision for global health, based on our interdependence, our desire for independence and on our rights and accountabilities as citizens of the world.

The text is richly illustrated with examples from the author’s own extensive experience which ranges from running England’s National Health Service, the largest health organization in the world, to working in some of the poorest countries of the world. It will be of interest to the general reader who wants to understand better what is happening in health as well as health and development professionals, academics and students. ■

“In today’s joined up world we are all connected and the health of one person or nation affects us all. In this important and timely book Nigel Crisp describes how we can all learn from each other, rich and poor, and work together to improve health.” *Archbishop Desmond Tutu.*

“This is a very important topic, particularly at a time of global recession. Nobody could be better qualified to compare what is happening in health in the rich and the poor world and to bring fresh and provocative insight to the subject.” *Hon. Mary Robinson, Former President of Ireland and UN High Commissioner for Human Rights.*

“The poorer world has something of real value to teach the richer world – in health and elsewhere – and Nigel Crisp is supremely well qualified to interpret it for us.” *Julia Neuberger, Baroness Rabbi Neuberger, DBE.* ■

SAVE THE DATE

WHAT'S COMING ON HRH

January

18 - 23 Jan WHO Executive Board, including a discussion on the Draft Code of Practice, Geneva, Switzerland

27 - 30 Jan Prince Mahidol Award Conference, Bangkok, Thailand

February

1 - 2 Feb 9th GHWA Board Meeting, Bangkok, Thailand

18 Feb Dutch HRH Alliance outputs, The Netherlands

18 - 19 Feb World Health Professions Conference, Geneva, Switzerland

25 - 26 Feb Meeting on the International Migration and Recruitment of Health Care Workers, Washington DC, USA

March

24 Mar World TB Day, Global

April

19 - 21 Apr 9th Annual Global Philanthropy Forum Conference, San Francisco, USA

May

13 - 14 May Chief Nursing Officers' Conference, Cardiff, Wales

17 - 22 May World Health Assembly, Geneva, Switzerland

June

7 - 9 Jun Women Deliver Conference 2010, Washington DC, USA

9 - 11 Jun International Conference on Research in Human Resources for Health, Rio de Janeiro, Brazil

14 - 18 Jun Global Health Council Conference, Washington DC, USA

25 - 27 Jun The G8/20 Leaders Summit, Huntsville, Ontario, Canada

HIGHLIGHTS FROM THE WEBSITE

- Alliance's full members list, including 231 member organizations of the Alliance is on the web! For the first time, all members and partners are featured, each with a special profile page. You can access full list and also search by geographical focus or type of organization: <http://www.who.int/workforcealliance/media/news/2009/memberlaunch/en/index.html>
- Alliance Weekly News Digest - one of the best sources on the net to access international media clippings on human resources for health-related issues prepared on a weekly basis: <http://www.who.int/workforcealliance/media/news/newsbulletin/en/index.html>
- Complete coverage on CCF - Country Coordination and Facilitation: meetings news, draft documents, speeches and quotes by partners and country delegates: <http://www.who.int/workforcealliance/countries/ccf/ccf/en/index.html>

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For further information and regular updates, we invite you to visit www.who.int/workforcealliance.

To receive our newsletter and other electronic updates please email ghwa@who.int and write "Subscribe to GHWA News" in the subject line.

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