12.30 – 14.00	Lunch
14.00 – 15.00	**Plenary session 4: Making HRH Innovation Work for Strengthening Health Systems**
15.00 – 15.30	Break
15.30 – 17.30	**Parallel session 15:** Building capacity to generate evidence in HRH action oriented research **Parallel session 16:** Innovative education and training for HRH **Parallel session 17:** HRH situation and trend in developed countries and their potential implications to developing countries **Parallel session 18:** Trade in health services and impact on HRH **Parallel session 19:** Self reliance to health and well being through local resources and knowledge **Parallel session 20:** Skills mix to achieve universal access to essential health care: a family health worker in every village?
Saturday 29 January 2011	
09.00 – 10.30	**Synthesis: summary conclusion & next steps**
10.30 – 11.00	Break
11.00 – 12.30	**HRH Awards and Closing session**

5. Side Meeting / Workshop Program

Monday 24 January 2011	
08.30 – 10.30	- Forum Briefing to GHWA Board ***(Closed Meeting)*** by the Secretariat, Global Health Workforce Alliance (GHWA)
Am - Pm	- Africa HRH side session by World Bank
16.00 – 18.00	- WHO HRH Meeting by WHO
Tuesday 25 January 2011	
09.00 – 18.00	- Management too saves lives through well-motivated human resource for health (HRH): Participatory management activities of 5S-KAIZEN-TQM for promoting mind-set change and leadership ***(Workshop)*** by Japan International Cooperation Agency (JICA) - Choosing the most appropriate interventions for rural retention of health

	workers: a methods workshop ***(Workshop)*** by World Health Organization (WHO) / Capacity Plus - Enhancing personal resilience for a sustainable health care workforce ***(Workshop)*** by World Medical Association (WMA) - Positive practice environments ***(Workshop)*** by International Council of Nurses, World Health Professions Alliance (WHPA) and International Hospital Federation (IHF) - HRH management for Francophone African countries -HRH information system and HRH observatories by National Center for Global Health and Medicine, Japan - Human resource development in community health by Japan International Cooperation Agency (JICA) / Japan Inter Professional Working and Education Network (JIPWEN) - Transformative scale up of medical, nursing and midwifery education by World Health Organization Human Resources for Health (WHO HRH) / International Health Policy Program (IHPP) - Lancet series launch by China Medical Board (CMB) - Generating evidence to Inform human resources for health policy by World Bank - Member's Forum (1st Session) ***(Closed Meeting)*** by Global Health Workforce Alliance (GHWA) - Midwives and others with midwifery skills: the key resource for MDGs 5 and 4 by United Nations Population Fund (UNFPA) - PEPFAR and the 140,000 health worker target: A combination approach to strengthening pre-service education by The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) - Delivering e-learning for human resources in health ***(Workshop)*** by African Medical and Research Foundation (AMREF) - The Italian systemic effort in strengthening human resources for health in developing countries: looking for increased coordination and policy coherence by African Medical and Research Foundation (AMREF) - Strengthening the UK's contribution to tackling the global HRH crisis by AMREF (UK NGO HRH Working Group) - 'Working together' , Increasing the capacity of health advocacy NGOs by Voluntary Services Overseas (VSO) - 'Health workers speak' – research from 4 countries on staff motivation, morale and attrition by Voluntary Services Overseas (VSO)

	- Global actions undertaken since Kampala to study academic capacity for health professional education and develop global professional competency and quality assurance frameworks by Global pharmacy education taskforce - Community health worker strategy in Zambia by Ministry of Health Zambia submitted by Clinton Health Access Initiative - From crisis to stability: lessons from Malawi by Management Sciences for Health (Malawi EHRP) - CHORDS: Connecting Health Organizations for Regional Disease Surveillance by NTI Global Health and Security Initiative - Understanding Health Workers' Preferences to Address HR Issues by London School of Hygiene & Tropical Medicine (LSHTM) - Why HRH Planning and how to prevent failure in planning and implementation by The International Health Policy Program (IHPP) - Global Mapping of medical, nursing and other health professional schools by World Heath Organization (WHO) - Strengthening Linkages between the Faith-Based Health Care Providing Community and Ministries of Health for Quality Health Care for All by Capacity Plus - African Platform on Human Resources for Health Business Meeting by African Platform - Country coordination facilitation (CCF) by Global Health Workforce Alliance (GHWA) - Setting a clear and ambitious global policy agenda on the health workforce: what will it take by Health Workforce Advocacy Initiative (HWAI) - E-health capacity building by IntraHealth - HRH in Africa: A New Look at the Crisis by World Bank
Friday 28 January 2011	
07.00 – 08.30	- "HRH work in 2011-2015: towards the MDGs" ***(Closed Meeting)*** by World Health Organization (WHO) and Global Health Workforce Alliance (GHWA) -
Saturday 29 January 2011	
pm	- Member's Forum (2nd Session) ***(Closed Meeting)*** by Global Health Workforce Alliance (GHWA)
pm	- Prince Mahidol Award Conference International Organizing Committee Meeting

	(Closed Meeting) by Prince Mahidol Award Conference (PMAC)
Sunday 30 January 2011	
08.30 – 17.00	- 11th Global Health Workforce Alliance Board Meeting ***(Closed Meeting)***

global health workforce alliance

Second Global Forum on Human Resources for Health
25-29 January 2011
Bangkok, Thailand

Press Pack

Second Global Forum on Human Resources for Health

Bangkok, 25-29 January 2011

Contents

Introduction

Why is the Forum important?

"Almost a billion people in the world today have no access to health care. They live and die without ever seeing a health worker. This is a truly global crisis, affecting the rich and poor, in the north and south."

Dr Mubashar Sheikh, Executive Director of the Global Health Workforce Alliance

The critical shortage of health workers is one of the major obstacles to improving child and maternal health, and fighting the diseases which affect the developing world.

Health personnel are at the core of an effective health system, and if unsupported and under-resourced they are often the weakest link in the delivery of healthcare. Without a massive scale up in this area, many countries will fail to reach the health-related Millennium Development Goals by 2015.

Mothers, children and those battling with HIV, malaria and tuberculosis are suffering needlessly because they simply lack access to a skilled health worker.

This issue needs to be addressed urgently if countries are to achieve MDGs 4, 5, and 6: the goals which aim to dramatically reduce child and maternal mortality as well as contain the spread of HIV and other major diseases.

Second Global Forum on Human Resources for Health

Bangkok, January 25-29, 2011

The Global Health Workforce Alliance (the Alliance) is providing international leadership by bringing together national governments, international agencies, NGOs and civil society to develop and implement effective solutions to the health worker crisis.

The Forum's principal theme - Reviewing progress, renewing commitments to health workers towards MDGs and beyond - highlights that renewed and sustained efforts are needed.

The Alliance convened the first ever Global Forum on Human Resources for Health in Kampala in 2008. This resulted in the adoption of the Kampala Declaration and Agenda for Global Action, a roadmap for solving the health worker crisis and a commitment to track country-level developments in human resources for health (HRH).

The Second Global Forum in Bangkok will showcase progress and challenges in the 57 countries facing the most severe health workforce shortages. Uniting the global health community to share knowledge and experiences helps establish shared commitment and action to resolve the HRH crisis. The Forum is co-hosted by the Global Health Workforce Alliance, the Prince Mahidol Award Conference, WHO and the Japan International Cooperation Agency.

The 1 000 participants will include key experts from around the world working to address the health workforce crisis. These include health ministers from the developing world and representatives from multilateral and bilateral agencies, NGOs, academic and research institutions, professional associations, the business community, civil society and health service workers.

Key conference sessions

The critical shortage of health workers is widely recognized as one of the most fundamental constraints to improving health. Uniting key figures from the global health arena helps showcase successful strategies, as well as open up discussions about the challenges involved in scaling up HRH.

These broader issues related to the crisis will be introduced in plenary sessions at the conference, while parallel sessions will focus more specifically on strategies to build a strong and productive health workforce.

Plenary Sessions

Building on the Forum theme of 'Reviewing progress, renewing commitments to health workers towards MDGs and beyond', plenary sessions will cover:-

- The progress report on the Kampala Declaration and Agenda for Global Action;
- Leadership, governance and coordination for universal access to supported health workers;
- Innovations in HRH that support the strengthening of health systems.

Main Conference sessions:

Plenary Session 1: From Kampala to Bangkok: Marking progress, forging solutions

The *Kampala Declaration and Agenda for Global Action* (KD/AGA) was adopted at the first Global Forum in Uganda in March 2008. It offers governments and other key stakeholders guidance on how to strengthen the health workforce. This plenary session will review progress made towards implementation of the Declaration and Agenda for Action over the past three years, focusing on the 57 crisis countries.

Plenary Session 2: Have leaders made a difference?: How leadership can show the way towards MDGs.

As the deadline for the Millennium Development Goals approaches, dynamic and effective leadership will be vital for countries to meet the health-related targets. This session delves into the leadership-related issues often confronted when managing complex and delicate environments, such as: competing priorities, contradictory purposes and the involvement of various stakeholders.

Plenary Session 3: Professional Leadership and Education for 21st Century

Training and deployment of health workers is a key global workforce challenge for poor and rich countries. Quality education is crucial to achieve the health-related MDGs, particularly for countries facing the most severe health worker shortages. This session will address the key challenges of professional education, and propose recommendations for health worker training in the 21st Century.

Plenary Session 4: Making HRH Innovation Work for Strengthening Health Systems

A variety of innovative work has been implemented in the areas of education and retention of health workers. While successful projects have the potential for adaptation to a number of health systems, other innovations have been short-lived. These concepts and lessons in HRH innovations for scaling up training will be reviewed, and related to country-level experiences.

Other sessions

- **Serving in the frontlines: personal experiences and country strategies for retention of health workers in rural areas**

In many HRH crisis countries, it is rural and remote areas that face the most acute shortages of health workers. These areas therefore risk lagging behind others in progressing towards the Millennium Development Goals.

This has prompted a number of calls for change - such as those outlined in the Kampala Declaration and Agenda for Global Action of the first HRH Global Forum. Over the past two years, WHO has responded by developing evidence-based recommendations on how to attract, recruit and retain health workers in rural and remote areas. Countries are now beginning to implement these recommendations. Building on experiences of rural health workers who have spent many years serving in these areas, this session will further explore the key elements for the long-term success of such rural retention interventions.

- **Will the WHO Global Code stop the brain drain? What will it take to succeed?**

Health worker migration has increased dramatically over the past decades. The biggest rise has been from lower income countries - further weakening already fragile health systems.

The WHO Global Code of Practice on the International Recruitment of Health Personnel, adopted by the World Health Assembly in May 2010, aims to provide an ethical framework to guide Member States in the international recruitment of health workers. It encourages destination countries to collaborate with source countries to sustain human resources for health development and training as appropriate.

This session will review the potential impact of the Code, discuss the implications, benefits and challenges of the Code, and review strategies for its successful implementation.

- **Overcoming the health worker crisis in conflict and post-conflict situations**

In conflict and post-conflict situations, an HRH crisis easily arises. Health workers are sometimes killed and threatened; some of them are also obliged to leave the country.

Although several UN agencies and humanitarian NGOs have shown ways to cope with such HRH crises, more efforts are needed to give hope to the hopeless - both health workers and the wider populations they serve. In many conflict and post-conflict situations, support is urgently needed both from within countries and externally. However, where conflict or post-conflict situations are prolonged, a long-term vision is also critical.

This is particularly important to avoid fragmented training, and to foster an improved retention mechanism. These situations might also be true after large-scale natural disasters.

- **The UN Secretary General Global Strategy for Women's and Children's Health: what will be done about the workforce?**

In the course of 2010 the global development agenda was dominated by the discourse on MDG 4 and 5 and on health systems.

Women's and children's health were the main topic of the Women Deliver and Countdown conferences, the African Union summit of Heads of States and a key focus of the G8 meeting and UN High Level Summit on the MDGs in September 2010, where the UN Secretary General launched the Global Strategy for Women's and Children's health. The grave impact of the health workforce crisis on the health of women and children was a strong undercurrent in all of these discussions.

FAST FACTS
Global Health Workforce Crisis

Key Facts

- **Scaling up.** Over 4 million health workers are needed to address the global shortages, with 1.5 million needed for Africa alone.
- **Country crisis.** WHO estimates that the shortage of trained health workers has reached crisis levels in 57 countries - 36 of which are in sub-Saharan Africa.
- **Investment.** US$40 billion of additional investment is needed in the health workforce through 2015 to achieve the health related MDGs in 49-low income countries.
- **Developed and developing world disparity.** Sub-Saharan Africa bears 25% of the global burden of disease – but has only 3% of the world's health workers.[1]
- **Rural/urban disparity.** Approximately one half of the global population lives in rural areas, but they are served by only 38% of the total number of nurses and less than a quarter of the total number of doctors.[1]
- **Health worker crisis in the developed world**. Western countries – many of which have ageing populations - are also short of trained health workers – a gap they often seek to fill by "importing" workers from developing countries.
- **Brain drain.** Three quarters of doctors trained in Mozambique now work abroad. The majority work in Portugal (1,218) and the rest work in South Africa (61), US (20) and UK (16).[1]

[1] Human Resources for Health: New data on African health professionals abroad. Michael A. Clemens & Gunilla Pettersson

Key Messages

More than a quarter of the world's countries (57) are still struggling to provide basic healthcare due to a lack of health workers. This critical shortage - mostly in remote settings - is one of the major obstacles to achieving the health-related Millennium Development Goals 4, 5, and 6 by 2015.

Over 4 million more health workers are needed globally. This is currently one of the major obstacles to improving child and maternal health and protecting people from preventable diseases such as HIV and malaria in the developing world.

A billion people worldwide face a daily struggle to access basic healthcare due to the lack of skilled health workers. Hundreds of thousands of men, women and children, mostly in the world's poorest countries, live and die without ever seeing a trained health worker.

Shortages of doctors, nurses and midwives are most acute in sub-Saharan Africa. WHO recommends a minimum of 23 health workers per 10 000 people to provide the most basic health coverage.

Second Global Forum on Human Resources for Health, Bangkok,Thailand. The need to expand and strengthen the health workforce will be the focus of international leaders and experts from 25-29 January, 2011. Participants will review progress on the scale up of health workers and accelerate implementing towards the Kampala Declaration and Agenda for Global Action, the roadmap adopted in 2008 to drive improvements in human resources for health. Participants will also call for increased investment and sustainable, collaborative action to accelerate progress by 2015.

Health worker statistics from World Health Report 2010

Including countries in Africa and Asia with most severe shortages

Country	No. of doctors per 10,000 people	No. of nurses and midwives per 10,000 people	% of births attended by skilled birth attendant
Niger	<0.5	1	18
Somalia	<0.5	1	33q
Ethiopia	<0.5	2	6
Burundi	<0.5	2	34
Sierra Leone	<0.5	2	42p
Tanzania	<0.5	2	46m
Bhutan	<0.5	2	51
Chad	<0.5	3	14
Mozambique	<0.5	3	48p
Liberia	<0.5	3	46m
Malawi	<0.5	3	54
Rwanda	<0.5	4	52p
Guinea Bissau	<0.5	6	39r
Gambia	<0.5	6	57m
Guinea	1	<0.5	38r
Mali	1	2	49q
Togo	1	3	62r
Senegal	1	4	52r
Central African Republic	1	4	54r
Papua New Guinea	1	5	39n
Ivory Coast	1	5	57
DR Congo	1	5	74
Eritrea	1	6	28p
Lesotho	1	6	55
Zambia	1	7	47

Country	No. of doctors per 10,000 people	No. of nurses and midwives per 10,000 people	% of births attended by skilled birth attendant
Burkina Faso	1	7	54
Mauritania	1	7	61m
Indonesia	1	8	73p
Benin	1	8	78m
Congo, Rep	1	8	86m
Ghana	1	10	57
Kenya	1	12	42
Uganda	1	13	42
Angola	1	13	47m
Timor Leste	1	22	
Afghanistan	2	5	14
Nepal	2	5	19
Cambodia	2	8	44
France	37	81	99
UK (2009)	23	128	99
USA	27	98	99

m Data are preliminary or provisional.
n Includes <5% of deliveries by cadres of health workers other than doctors, nurses and midwives.
p Institutional births.
q Includes deliveries by cadres of health workers other than doctors, nurses and midwives – range not available.
r Includes >15% of deliveries by cadres of health workers other than doctors, nurses and midwives.

Questions and answers

Health worker crisis

Q: What is the impact of the health worker shortages?
A: Without enough adequately trained health workers, the health MDGs, designed to reduce disease and improve child and maternal health, will never be met.

In many developing countries people have to walk for hours and even days to reach a trained health professional in a health centre. When they arrive they often wait around for hours as the health workers attend to hundreds of patients a day. Illnesses are misdiagnosed and go untreated, children are not vaccinated against life-threatening diseases and mothers die in childbirth because of these shortages and lack of adequate training.

Health workers are overworked and underpaid and sometimes not even paid at all. They have to deal with poor equipment and facilities and often do not have the basic essential drugs they need to treat their patients. This frustration leads to a lack of motivation and encourages health workers to migrate towards the cities, move to a private health facility or an international NGO or even further afield. Some decide to leave the healthcare profession altogether.

Q: Which countries are most heavily affected?

A: Sub-Saharan Africa faces the greatest challenges and proportionately, is the most heavily affected region of the world. Within Africa, Chad, Ethiopia, Liberia, Malawi, Mozambique, Niger, Sierra Leone and Tanzania face particularly acute shortages. The situation is exacerbated in southern African countries facing high levels of HIV/AIDS, TB and malaria. In Asia, Afghanistan, Cambodia, Nepal and Pakistan are particularly badly affected by health worker shortages.

Q: Why are health workers migrating?

A: Health workers migrate for the same reason all migrants do: they seek better employment opportunities and quality of life. A higher income is an important motivation for migration, but not the only one. Other reasons include better working conditions, more job satisfaction, career and training opportunities and the quality of management and governance. Political instability, war, and the threat of violence in the workplace also are strong drivers of migration in many countries.

Q: Why is migration a problem for global health?

A: When a country has a fragile health system, the loss of its workforce can bring the whole system close to collapse, with the consequences are measured in lives lost.

In financial terms, when significant numbers of doctors and nurses leave, the countries that financed their education lose a return on their investment and become unwilling donors to the wealthy countries to which their health personnel have migrated.

The United Nations Conference on Trade and Development has estimated that each migrating African professional represents a loss of $184,000 to Africa.[2]

However, the movement of health workers abroad also has positive features: each year, migration generates billions of dollars in remittances (the money sent back to home countries by migrants) to low-income countries and has therefore been associated with a decline in poverty. Health workers also may return, bringing significant skills and expertise back to their home countries.

Q: Can / should health worker migration be stopped?

A: The issue is not about 'stopping' migration; rather it is about management and regulation. Freedom of movement is a fundamental right according to the 1948 Universal Declaration of Human Rights, and migration is a staple of human history. Globalisation has accelerated this trend significantly. But the grave effects of health workforce migration on developing countries call for a responsible, regulated management of migration, with a critical aim that all countries move towards self-sufficiency.

Some countries specifically train health workers for 'export'. Bilateral agreements between 'importing' and 'exporting' countries need to be encouraged to protect the rights of the health worker and offer some guarantee of employment level in the 'importing' country.

The World Health Organization and partners, including the Global Health Workforce Alliance, worked to develop a global code of practice on the international recruitment of health workers. The Code was unanimously adopted at the 63rd World Health Assembly in May 2010. The code sets out guiding principles and voluntary international standards for recruitment of health workers, to increase the consistency of national policies and discourage unethical practices, while promoting an equitable balance of interests among health workers, source countries and destination countries.

Q: What is the WHO doing to help developing countries 'retain" their health workers?

A: The WHO recently launched global recommendations[3] which seek to advise countries on how to improve access to health workers in remote and rural areas through improved retention. The sixteen recommendations were drawn up in consultation with a group of experts, comprising researchers, policy makers, representatives of professional associations, donors and programme implementers from around the world. They include: enrolling students from rural areas; locating training schools in rural areas; ensuring compulsory service in rural areas and providing incentives such as grants for housing and paid vacations. The recommendations also offer a guide for policy makers to choose the most appropriate interventions, and to implement, monitor and evaluate their impact over time.

---

[2] Ogowe A. Brain drain: colossal loss of investment for developing countries. The Ogowe A. Brain drain: colossal loss of investment for developing countries The Courier ACP-EU. 1996;159:59–60.

[3] WHO - Increasing access to health workers in remote and rural areas through improved retention http://www.who.int/hrh/retention/guidelines/en/index.html

Q: Countries are now giving more responsibility to community health workers to try and address health worker shortages. How are any potential risks associated with this being managed?

A: Community health workers (CHWs) play a key role in delivering health care and helping to meet the health-related MDGs. The Alliance produced key messages to help governments develop appropriate strategies involving CHWs in the health workforce. These were produced following a global consultation on CHWs involving policy makers, programme managers and experts who reviewed the recommendations of a study commissioned to gather evidence on the wide-scale use of CHWs.

The messages give guidelines on the deployment, selection, training, remuneration, incentives and monitoring of CHWs, with the aim of enabling CHWs to fulfil effective roles in the health workforce, working closely with existing health workers.

Global Health Workforce Alliance

Q: What is the Global Health Workforce Alliance?

A: The Alliance provides international leadership on the health workforce by bringing members, partners and countries together to find solutions, advocate for their effective implementation and facilitate the sharing of knowledge and best practices on health workforce issues.

The Alliance is advocating for urgent and long-term investment and coordination from national governments and donors to address the health worker crisis.

Q: What does the Alliance believe needs to happen for the heath worker crisis to be addressed?

A: The Alliance believes that the health worker crisis needs to be addressed through:

- Training – to ensure more health workers at every level of the health work force, depending on country context and needs
- Health worker retention – including efforts to ensure decent wages; adequate equipment and facilities; quality supervision and professional development
- Financing – increasing both international and domestic funding. Training the 1.5 million additional workers needed for Africa alone will cost an estimated £2.6 billion per year over ten years. Macro-economic and national constraints on increased health spending must be relaxed.
- Addressing health worker migration to manage the pressures of the international health workforce market.

- Evidence-based capacity building to ensure models of best practice are replicated and adapted within country and regional contexts.
- New technologies – that diversify health care capability, link facilities and increase the reach of trained health workers

Q: What are the concrete actions the Alliance is taking to address the health worker crisis?

A: The Alliance recognises that the health worker crisis is complex and multi-faceted and cannot be addressed without strong coordination between the various stakeholders, including government, private sector, NGOs and the international community.

The Alliance has established task forces and working groups involving the above stakeholders to address certain aspects of the health worker crisis. Six task forces have so far been commissioned on the following themes: Financing, Migration, Private Sector, Scaling up Education and Training, Tools & Guidelines and Universal Access to HIV treatment. The aim of these taskforces is to produce concrete evidence that will help countries to come up with sustainable solutions to the health worker crisis. The financing taskforce, for example, has developed a tool to help governments calculate how much money is needed to address the health worker shortages in their own countries

Q: How is the Alliance helping countries to coordinate a national response to health worker shortages?

A: The Alliance has organised regional and global meetings for governments to share experiences on coordinating an effective national health workforce plan. This is impossible without a strong coordination of all involved, including government ministries, the private sector, NGOs and the international community. The Alliance has included the most positive government experiences in a document entitled: "Human Resources for Health": Good Practices for Coordination and Facilitation.

Second Global Forum, Bangkok

Q: What is the Second Global Forum on Human Resources for Health

A: The Alliance convened the first ever Global Forum on Human Resources for Health in Kampala in 2008. This resulted in a clear action plan to address the health worker crisis over the next decade, in the form of the Kampala Declaration and Agenda for Global Action.

The Second Global Forum in Bangkok will review progress since 2008 and provide guidance on how best to move forward through sharing knowledge and experiences of concrete actions taken and progress made so far to address the crisis.