First Global Forum on Human Resources for Health

Globally 59.8 million people are involved in the activities aimed at enhancing health. Of them, two-third (39.5 million) provides health services while remaining one-third (19.8 million) are management/support staffs. However, this workforce is not sufficient to provide the health services as aimed in millennium development goal. Hence, there has been acute shortage of human resources for health (HRH) in the global level particularly in the developing countries. According to WHO, over 4 million additional health workers are estimated to be required worldwide – with 1 million for Africa. (?) Africa caries 25% of the world's disease burden yet has only 3% of the worlds' health workers and 1% of the world's economic resources to meet that challenge.(Lancet)

Recently, the first ever global meeting on HRH the "Global Forum on Human Resources for Health" was held in Kampala (Uganda) on March 2-7, 2008. The Forum was jointly organized by WHO and Global Health Workforce Alliance (GHWA) – and organization consisting of more than 100 member organizations (stakeholders). The objectives of the Forum were to build:

1. consensus on accelerating human resources for health (HRH) action,
2. implementation capacity on HRH action at global and country level, and
3. network and alliances as a global movement on HRH moving from recognition to concrete action.

The vision of the Forum was "**every person, in every village, everywhere should have access to a skilled** (well educated and trained), **motivated** (well managed work environment that retains and nurtures workers) **and supported** (functioning health system that has colleagues, supplies, timely information and adequate financing) **health worker**"

Who attended the Forum?

Over 1000 delegates (health ministers, finance ministers, members of parliament, health workers, bureaucrats, representatives of professional and civil societies, development partners and other stake holders) from 57 countries identified as undergoing an acute crisis attended the Forum. From Nepal, a team led by Hon'ble State Minister of Health and Population attended the meeting. The modes of meeting were plenary sessions, breakup sessions, workshops, ministerial round table discussions, lunch workshops, discussion on draft declaration and adoption of Kampala declaration and agenda for action.

Issues discussed

The issues discussed in the meeting included (1) lack of global health workforce, (2) unequal distribution HRH in global level, regional level and country level, (3) migration of HRH to developed countries and bigger cities within the country and (3) management of HRH migration in global level and country level. At the end of meeting, Kampala declaration was adopted and **global agenda for action** was agreed.

KAMPALA DECLARATION

1. 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 workforce, helping to ensure universal access to quality health care and improved health outcomes.
2. Everyone committed to this agenda shares the goal that "all people, everywhere, shall have access to a skilled, motivated and facilitated health workers within a robust health system".
3. It is a synthesis that specifically highlights challenges and the need for change which reflects the essential continuum of planning, training, deployment and retention.
4. Its purpose is to translate political will, commitments, leadership and partnership into effective actions.

STRATEGIES FOR ACTION

Following six interconnected strategic objectives are made:

1. *Building coherent national and global leadership for health workforce solutions* (……. government commit to providing "access for all to a health worker" as part of national undertaking to fulfill the right to health. …all stakeholders will agree and cooperate in maintaining mechanisms to hold each other accountable for their actions……).
2. *Ensuring capacity for informed response based on evidence and joint learning* (…. efforts of government are hampered by lack of capacity in having plans informed by country specific quality baseline data, information

The Kampala Declaration and Agenda for Global Action

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;

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;*
- *Acknowledging that the enjoyment of the highest attainable standard of health is one of the fundamental human rights;*
- *Further 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;*
- *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. *Government 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.*

and analysis. collaboration within outside the country is established…..).

3. *Scaling up health worker education and training* (massive scaling up of education and training remands coordinated action and commitment from each country and from international community. In addition, a significant increase in dedicated long-term funding, new and innovative approaches in education and trainings

are needed).

4. *Retaining an effective, responsive and equitably distributed health workforce* (It 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 the job. …… both country and donor agencies will contribute in this regard…..).
5. *Managing migration and the pressures of the int'l health workforce market* (There are increasingly competitive cross-border pressures in health sector. All nations will monitor flows in and out of countries. Follow the "code of practice on int'l recruitment". Richer countries will give top priority and adequate funding to train and recruit sufficient health workers from within their own country.
6. *Securing additional and more productive investment in the health workforce* (Adequate proportion of health sector funding will be dedicated to HW production. Global health initiates, WB, bilateral donors and other partners will provide that timely, predictable, effectively harmonized and aligned with national priorities. Ministry of Health coordinates with stakeholders and will take advantage of public-private-partnership).

PRIMARY PURPOSE OF THIS GLOBAL AGENDA

Primary purpose of this global agenda for action is to establish understanding in country, regional and global level.

- Country-level multi-stakeholder action: monitoring solutions to critical gaps.
- Regional and global monitoring to build knowledge and influence policy.
- Monitoring the progress in aligning stakeholder contributions.
- Independent analysis, monitoring and evaluation by academic institutions and civil society.
- The GHWA will serve as *catalyst* and *global convener* to bring different stakeholders for learning, dialogue, advocacy and joint action.
- GHWA will compile global health workforce status report every 2 year.

NEPAL'S COMMITMENT AND STEPS TAKEN

- The **Interim Constitution 2007** has enshrined the "basic health as human rights" with a stress on equity.
- It is being translated into a policy of universal free essential health care.
- At the end of Year 2006, emergency and outpatient services were made free for the disadvantaged, destitute, elderly and FCHVs at District Hospitals and PHCC.
- Outpatient care was made free in 35 low human development indicators districts.
- Furthermore, free health services to all citizens at all HP and Sub-HP levels has been introduced from mid-January 2008.

Nepal has taken following steps to retain the HWs in remote areas:

- *Financial*: Remote area allowance, revolving fund, soft-loan (being planned), and health insurance (being planned).
- *Non-financial*: Academic incentive, career development incentive, timely transfer, telemedicine and education to their children (being planned).

CONCLUSION

Keeping in view of the acute shortage of global health workforce especially in developing countries, production of health workers is very much needed. In this regard, Nepal is in right track. However, there are many rooms for the improvement. Most important of all is that the quality of produced health workers must not be compromised. The role of GHWA in this regard must be appreciated. For detail readers are kindly referred to GHWA website: http://www.who.int/workforcealliance/en/

SK Rai
Member of Nepalese Delegation
(Chief-Editor, NMCJ)