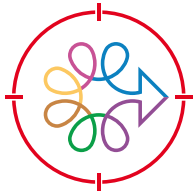


GHWA newsletter



ISSUE 4, 2010



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

Empower health workers
for health outcomes

SPECIAL FORUM ISSUE

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MESSAGE FROM THE EXECUTIVE DIRECTOR



Dear readers,

With the 2nd Global Forum fast approaching, this edition of the Alliance newsletter is dedicated to information on plans for the event. We hope you find it useful and informative. In our efforts to engage young journalists in HRH issues, the Journalists' Fellowship Programme is shaping well and we are in the process of selecting 10 finalists from HRH priority countries to attend and cover the Forum. The submission and selection process for the Awards for health workers and case stories is well underway and will be completed by mid-January. In this issue, you will also have a chance to glance through the most updated version of the conference programme and also look at the possible field visit options on offer in Bangkok. In a fresh effort to engage collaboratively with our members in the months after the Forum we plan to host a Members' Platform during the week of the Forum, more details of which are available in this issue.

This year, great strides have been made with the launch of the UN Secretary General Global Strategy for Women's and Children's Health and the adoption of a WHO Global Code of Practice on the International Recruitment of Health Personnel. There is a renewed sense of optimism. Looking forward to 2011, we are inspired and committed to step up our collective efforts to address persistent health workforce shortages in both developing and developed countries in order to respond to the health needs of people in all countries. We continue to rely on your support and dedication to take the HRH agenda forward in the run up to the 2015 deadline.

On behalf of my team at the Secretariat, I'd like to take the opportunity to wish you and your families a safe and joyful holiday season and a happy new year!

Look forward to seeing you in Bangkok.

Dr. Mubashar Sheikh ■

REWARDING THE HEALTH WORKERS. GLOBAL HEALTH WORKFORCE ALLIANCE AWARDS FOR HEALTH



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As you may be aware, the Alliance plans to present two types of Award at the Forum to honour those delivering frontline healthcare services - *Special Recognition Awards* for Individuals and *Awards for Excellence* for case stories.

These Awards are a crucial and essential element of the Forum as

they will represent and highlight the dedication, hard work and commitment of frontline health workers.

Through the *Awards for Excellence*, the real experiences of innovative and sustainable projects will be showcased through 'case stories' - real life narratives on what has worked, where and why, sharing best practices. These, we hope, can be used as stepping stones to fill gaps in learning and experience. For this category we have received some 96 nominations from 46 countries, of

which 36 were selected based on the criteria. Six of these case stories (one representing each pillar of the Kampala Declaration and Agenda for Global Action) will be in line to receive an Award at the closing ceremony. The selection process is currently underway and will be completed by mid-January 2011.

Through the *Special Recognition Awards*, a small number of individuals will be commended for their exceptional work carried out in rural or hardship areas. For this category we have received 58 nominations from approximately 27 countries, of which 12 will be shortlisted, to attend the Forum. Two of the 12 shortlisted will receive Awards at the Forum.

We would like to take the opportunity to express our deep appreciation to all of you who have gone out of your way to send us your submissions. ■

NOMINATIONS FOR THE JOURNALISTS' FELLOWSHIP PROGRAMME

In a new initiative to engage young journalists, the Journalists' Fellowship Programme is designed to give aspiring journalists from HRH priority countries the opportunity to take part in the Forum in Bangkok. The ten selected candidates will be trained on media techniques through a mentoring process provided by an experienced journalist and will be tasked with covering events at the Forum.



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Thirty-six candidates from 16 countries have applied to the Programme. Applicants come from all regions of the world, with the greatest number from Africa (26) followed by South and South East Asia (5) and the Middle East (3). Two candidates also applied from the Americas and Pacific regions.

Twenty-three candidates are male and 13 female and the median age is 28 years. All candidates were required to have a good knowledge of English, be under 35 years of age at the time of the Forum and have at least one year of journalistic experience. Ten finalists will be selected and invited to the Forum in the coming days.

As part of the programme, the candidates are required to work on articles derived from various sessions at the Forum, and publish them in a national newspaper following the Forum. The Alliance hopes that this new initiative will help to build and sustain media interest in HRH issues on a longer term basis and establish connections with journalists in developing countries. If successful, these young journalists could become valuable partners and advocates for the HRH cause in the coming years. ■

ALLIANCE MEMBERS' PLATFORM - TAKING THE HRH AGENDA FORWARD

In its efforts to engage with members more closely in the development and implementation of HRH strategies and approaches, the Alliance is organizing the *Members' Platform: Taking the HRH Agenda Forward*, which will take place during the week of the Forum in Bangkok. This Members' Platform will take place in two sessions:

- a pre-Forum session, on January 25th, aimed at briefing participants on the themes and expected outcomes of the Forum; to create ownership and active engagement during the various planned activities. You will have the opportunity to voice your opinion on what the Forum should achieve;

- a post-Forum session, on January 29th, where the implications of the outcomes of the Forum for the Alliance and its members will be discussed along with identifying specific strategies for effective utilization of the members' network to achieve this objective.

The Members' Platform will be open to all delegates from the members' network of the Alliance taking part in the 2nd Global Forum on Human Resources for Health and those who are interested in becoming a member of the Alliance. We value your contribution, so come join us! ■

BANGKOK 'OUTCOME STATEMENT'

A group representing the various constituencies of the Alliance is working on the first draft of an outcome statement that will be officially launched during the closing ceremony of the Forum. The draft statement will be available for public consultation on the Alliance website and in an online discussion on the HRH Exchange Community of Practice in early January, 2011. Feedback

from the public consultation will be incorporated into a second draft which will be open for further review and input during the Forum itself, before a final draft is agreed ahead of the closing of the conference. More details of the consultation process will be announced on the Alliance website. ■

REPORT LAUNCHES

Reviewing Progress, Renewing Commitment - Progress Report on the Kampala Declaration and Agenda for Global Action

When: January 25, 2011, from 18:00 - 20:00. Alliance Welcome reception (Lotus Bar, 26 floor, Centara Grand)

At the Alliance Reception on January 25th, we will launch our key publication - **Reviewing Progress, Renewing Commitment** - a progress report on the Kampala Declaration and Agenda for Global Action. This is the first attempt ever to track progress in implementing the Kampala Declaration and Agenda for Global Action. The report provides a snapshot of the HRH policy and governance situation in the priority countries affected by severe health workforce challenges. The reception will be open to all delegates attending the Forum and is an opportunity to bring key stakeholders together to celebrate the start of the Forum. ■

Will We Achieve Universal Access to HIV/AIDS Services with the Health Workforce we Have? A Snapshot from Five Countries

When: January 28, 2011, from 17:45-18:15. Room to be confirmed

We are pleased to launch our new report **Will We Achieve Universal Access to HIV/AIDS Services with the Health Workforce we Have? A Snapshot from Five Countries**, prepared by the Alliance's Technical Working Group on Universal Access. The report shares evidence-based results from 5 countries: Cote d'Ivoire, Ethiopia, Mozambique, Thailand, and Zambia and describes critical interventions to ensure there are sufficient human resources for health to support the scale up towards universal access to HIV/AIDS prevention, treatment, care and support. ■

Will we achieve universal access to HIV/AIDS services with the health workforce we have?
A snapshot from five countries



Task Force on Human Resources for Universal Access,
Global Health Workforce Alliance

FIELD TRIP INFORMATION - 26 JANUARY 2011

An optional one-day field trip for conference participants is set for Wednesday, 26 January 2011. Participants can choose from the following options:

Wat Pra Baht Nam Phu - a Buddhist temple caring for AIDS patients

Wat Phra Baht Nam Phu, temple located in the hills of Lopburi, 120 km north of Bangkok has played an important role in providing care for HIV/AIDS patients since 1992. Its patients also include orphans affected by HIV/AIDS. Comprehensive health care is provided by monks, professional health care providers, and volunteers. Approximately 2000 patients are under the temple's care. Of these, 1300 are orphans. The temple has two main sources of financial support, approximately 100,000 Baht per month from the Thai government and the rest from donations.

Pra Nang Klao Hospital: Humanized Health Care Volunteers

Pra Nang Klao Hospital, a general public hospital located in the urban area with 442 beds, serves the people of Nonthaburi province, in the vicinity of Bangkok. Pra Nang Klao is known as the hospital mobilizing volunteers to contribute to the health workforce. There are approximately 80 volunteers, assisting in various units: registration, public relations, social work, ante-natal care, ethics, Thai massage, first-aid, etc. They are called humanized health care volunteers.

Phnomsarakam Community Hospital: Pay for performance to increase job satisfaction and retention

Thailand's rural areas, like in other countries, experience difficulties in attracting and retaining health workers. Phnomsarakam Hospital is a leading community hospital 130 kilometers from Bangkok. High workload and the lack of appropriate incentives lead to job dissatisfaction among hospital personnel. The hospital has implemented a pay for performance scheme, as an incentive to attract and retain staff. It has initiated the point system with the full participation of the hospital staff. The hospital provides patients with Thai traditional medicine, Thai massage and has recently introduced Thai traditional healing. Phnomsarakam Hospital is among the leading hospitals for quality of care and effective services. These claims are testified by the fact that the hospital achieved ISO 9001 in 2003, Hospital Accreditation in 2004, and was a piloted health promotion hospital in 2004.



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Ban Paew Hospital: The only public autonomous hospital in Thailand

With public sector reform aiming to make the public sector lean and efficient, Ban Paew Hospital was decentralized to become the "Public Autonomous Hospital" in 2000. It is a 300 bed hospital staffed with almost 1000 health workers. Its effective business management style has enabled the hospital to compete with private hospitals. Staff retention measures such as financial incentives have been used. The job satisfaction of staff is high and the turnover rate is low. The hospital has extended branches at 7 locations in Bangkok and Nonthaburi. Moreover, its mobile eye surgery clinics are available in 40 out of 76 provinces in Thailand.

Uthong Hospital: Combination of conventional and alternative medicines

Uthong Hospital is a good example which demonstrates how health care professionals and Thai traditional practitioners work together based on patients' choice. Uthong Hospital is a 150 bed hospital, located at Uthong district, Supanburi province. The hospital has been providing alternative medicine since 1985. A Thai traditional officer, one cadre of trained health workforce, has been hired and provides herbal medicines along with conventional medicine.

Taladjinda Health Center and Sampran Hospital: Community Participation

Due to limited staff, The Taladjinda Health Center shifted its care focus from curative services to health promotion services. For years this Health Center has demonstrated that task shifting from the formal health workforce to community volunteers could provide comprehensive care to people. Due to collaborative work between communities and Taladjinda Health Center, it won the best health center award of the country in 2010.

Sampran Hospital is a 60 bed hospital located 30 kilometers from Bangkok. The hospital provides health care covering a population of 137,518 inhabitants, and is a referred hospital for Taladjinda Health Center and other health centers. Like other community hospitals, located in urban areas, Sampran Hospital has to compete with private hospitals in its efforts to retain health workers. Sampran Hospital's staff has a high workload, therefore the hospital has employed several measures to plan and manage the health workforce in order to attract and retain them in the hospital.

Siriraj hospital: Doctor education and Rural Track of Doctor Production

Siriraj Hospital was founded in 1888 and its medical school was founded two years later. Its Faculty of Medicine is the largest, oldest, and the most well-regarded in Thailand. The hospital was the first to develop the Routine to Research (R2R) project, a revolutionary research management project which

provides the essential resources, e.g. funding, research assistance and methodologist consultant, allowing hospital staff to transform their daily health-service and unique know-how into scientifically sound research. The information from the research is then used to improve routine practice. The R2R is now considered as the empowering tool for human resource and organizational development. It has gained recognition from both public and private sectors, and from both national and international levels. It won the Asian Hospital Management Award (human resource development category) in 2007. The Ministry of Public Health of Thailand has been using the R2R model to promote R2R activities throughout Thailand, including in rural areas.

Participants who wish to visit any of these health facilities should indicate their preferred choice on the Conference Registration page at <http://www.pmaconference.org/pma/login.php>. The field trip will be based on demand and first come first served basis. ■

MARKETPLACE AND POSTER EXHIBITS

The Marketplace is an exhibition platform and networking area that will be located at the entrance of the main plenary room at the conference venue. Participants will have the opportunity to learn from the exhibited projects or visit one of the co-host exhibition booths. Several activities are planned at the Marketplace, from poster discussions to media interviews and much more.

The Marketplace will be divided into three sections:

- “Hall of Fame”, which will feature 12 shortlisted front line health workers who may be candidates for receiving the “Special Recognition Award”;

- The “Case Stories Corner” will showcase posters of 36 shortlisted case stories on best practices in implementing the *Kampala Declaration and Agenda for Global Action* that may receive the “Award of Excellence”; and
- An exhibition space for co-hosts and conference sponsors to showcase their products and services; including a multimedia corner. ■

Marketplace opening hours:

Tuesday, 25 January	9:00 am – 6:30 pm
Wednesday, 26 January	9:00 am – 6:30 pm
Thursday, 27 January	9:00 am – 6:00 pm
Friday, 28 January	9:00 am – 6:00 pm

FORUM REGISTRATION

Participants will be able to register and receive their badges and documents before the opening of the conference. The Registration Desk on the 22nd floor of the Centara Grand hotel and conference centre will be open:

- Tuesday 25 January 2011 from 10.00 – 18.00 hrs
- Wednesday 26 January 2011 from 10.00 – 18.00 hrs
- Thursday 27 January 2011 from 07.00 – 08.00 hrs and after 11 hrs

MAIN CONFERENCE PROGRAM

Tuesday 25 January 2011	
09.00 – 18.00	Side meetings / Skill building workshops. Please see agenda on page 7
18.00 – 20.00	GHWA Reception and Launch of Kampala Declaration and Agenda for Global Action Progress Report
Wednesday 26 January 2011	
07.00 – 18.00	Field trip
Thursday 27 January 2011	
09.00 – 10.30	Opening Session & Key note Address
10:30 – 11.00	Break
11.00 – 12.30	Plenary session 1: From Kampala to Bangkok: Marking progress, forging solutions
12.30 – 14.00	Lunch
14.00 – 15.00	Plenary session 2: Have leaders made a difference?: how leadership can show the way towards the MDGs?
15.00 – 15.30	Break
15.30 – 17.30	<p>Parallel session 1: Leading towards health workforce development at country level: what will it take?</p> <p>Parallel session 2: Serving in the frontlines: personal experiences and country strategies for retention of HRH in rural areas</p> <p>Parallel session 3: Will the WHO Global Code stop the brain drain? What will it take to succeed?</p> <p>Parallel session 4: Do GHIs contribute to equity in access to HRH?</p> <p>Parallel session 5: Economic fluctuations, universal health coverage and the health workforce</p> <p>Parallel session 6: Overcoming HRH crises in conflict and post-conflict situations</p> <p>Parallel session 7: High Level Roundtable: Working together for health workers (by invitation)</p>
18.00 – 20.30	Welcome Dinner hosted by the Royal Thai Government
Friday 28 January 2011	
09.00 – 10.00	Plenary session 3: Professional Education for 21st Century
10.00 – 10.30	Break
10.30 – 12.30	<p>Parallel session 8: Building Capacity to Translate HRH Evidence into Action to Sustain HRH Policy, Decisions and System Strengthening</p> <p>Parallel session 9: Innovative solutions for strengthening HRH information systems</p> <p>Parallel session 10: Scaling up HRH towards equity</p> <p>Parallel session 11: Seeking the stamp of good quality? Imperatives of HRH regulation and accreditation</p> <p>Parallel session 12: Financing health worker education and training</p> <p>Parallel session 13: Dedicated Spirit: The Charm and Charisma of HRH</p> <p>Parallel session 14: The UN Secretary General Global Strategy for Women's and Children's health: what will be done about the workforce?</p>
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	<p>Parallel session 15: Building capacity to generate evidence in HRH action oriented research</p> <p>Parallel session 16: Innovative education and training for HRH</p> <p>Parallel session 17: HRH situation and trend in developed countries and their potential implications to developing countries</p> <p>Parallel session 18: Trade in health services and impact on HRH</p> <p>Parallel session 19: Self reliance to health and well being through local resources and knowledge</p> <p>Parallel session 20: Skills mix to achieve universal access to essential health care: a family health worker in every village?</p>
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

WEBCASTING OF CONFERENCE SESSIONS

Arrangements are being put in place to webcast live all of the plenary sessions and a select number of parallel sessions featured at the Forum. Further details will be announced in January on the Alliance website.

SIDE MEETING / WORKSHOP PROGRAM

Monday 24 January 2011	
10.30 – 12.30	<ul style="list-style-type: none"> • Forum briefing to GHWA Board (Closed Meeting) by the Secretariat, Global Health Workforce Alliance (GHWA)
16.00 – 18.00	<ul style="list-style-type: none"> • Africa HRH side session by World Bank • WHO HRH Meeting by WHO
Tuesday 25 January 2011 - side meetings and workshops	
(please consult our website for exact timings for each of these sessions)	<ul style="list-style-type: none"> • 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 4 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 (ICN), 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 • Alliance Members' Platform: Taking the HRH agenda forward (Session I of II – Pre Forum) 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 Health 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	<ul style="list-style-type: none"> • "HRH work in 2011-2015: towards the MDGs" (Closed Meeting) by World Health Organization (WHO) and Global Health Workforce Alliance (GHWA)
Friday 28 January 2011	
13.30 – 15.30 TBC	<ul style="list-style-type: none"> • Alliance Members' Platform: Taking the HRH agenda forward (Session II of II – Post Forum) by Global Health Workforce Alliance (GHWA) • Prince Mahidol Award Conference International Organizing Committee Meeting 6 • (Closed Meeting) by Prince Mahidol Award Conference (PMAC)
Sunday 30 January 2011	
08.30 – 17.00	<ul style="list-style-type: none"> • 11th Global Health Workforce Alliance Board Meeting (Closed Meeting)

A SNAPSHOT OF THE PLENARY AND PARALLEL SESSIONS

PLENARY SESSIONS

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

The Global Health Workforce Alliance adopted the *Kampala Declaration and Agenda for Global Action (KD/AGA)* two years ago as a guide to solving the HRH crisis. The Alliance has since surveyed the 57 priority countries and will present its findings, examine individual country experiences and address future challenges at this opening plenary.

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

Dynamic and effective leadership can make a dramatic impact in healthcare delivery. 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. At the end, panellists and the audience will have derived lessons and actionable ideas on how to exercise leadership to move the HRH agenda towards reaching the MDGs.

PARALLEL SESSIONS

Parallel session 1. Leading towards health workforce development at country level: what will it take?

The session approaches the topic through looking at three components of effective leadership: strategic vision, capacity to lead and accountability to the public and to partners. Towards the end, the audience will have learned about strategies and practices to build leadership at the country level to address HRH challenges. The bottlenecks in strengthening leadership at the country level will also be discussed, as well as appropriate strategies to overcome them

Parallel session 2. Serving in the frontlines: personal experiences and country strategies for retention of HRH in rural areas

In many of the HRH crisis countries, rural and remote areas battle most with the challenges of acute shortages of health workers. High-income countries are also concerned with the inequitable distribution, and this session addresses these issues with first-hand experiences of practitioners working in remote and rural areas.

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 worker shortages. This session will address the key challenges of professional education, Share countries experiences on how to provide education to meet the challenges and propose recommendations of 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. ■

Parallel session 3. Will the WHO Global Code stop the brain drain? What will it take to succeed?

The WHO Global Code of Practice on the International Recruitment of Health Personnel was adopted by the 63rd World Health Assembly. It marks the first voluntary code developed under WHO in 30 years, and needs implementation strategies and involvement of all stakeholders to be successful. The session will discuss strategies for a successful implementation of the WHO Code, including the recently published WHO implementation strategy and highlight the WHO Code as an impetus for human resources for health development from a country and global perspective.

Parallel session 4. Do GHIs contribute to equity in access to HRH?

Global Health Initiatives (GHIs) have the ability to mobilise huge amounts of financial resources which can contribute constructively and positively to national HRH plans. But the HRH crisis hinders the scale-up of service delivery, and is a hurdle to effective implementation of GHI-supported programmes. This session will analyse GHI supported programmes, and their impact on national health systems and recommend strategic actions to address inequities in access through GHI-supported programs

Parallel session 5. Economic Fluctuations, universal health coverage and the health workforce.

Economic fluctuations can affect the health sector and its workforce in a variety of ways, and largely depends on government reaction with economic and social protection policies. This session will address health workforce spending, discuss information on aid flows, and evaluate possible ways of moving closer to universal coverage, despite economic fluctuations and changing donor interests.

Parallel session 6. Overcoming HRH 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. This session will explore HRH issues in conflict situations, and methods to support health workers in crisis situations.

Parallel session 7. Working together for health workers. – *By invitation only*

The meeting aims to generate high-level political commitment on the principles of increased investment in HRH as a pre-requisite for MDG progress.

Parallel session 8. Building Capacity to Translate HRH Evidence into Action to Sustain HRH Policy, Decisions and System Strengthening.

Building capacity at the country level to translate HRH evidence into action is absolutely critical to sustain HRH policy, decisions and system strengthening. The HRH field also needs to consolidate lessons learned and promising practices to build this capacity. This session aims to explore ways to build capacity to translate HRH evidence into action.

Parallel session 9. Innovative solutions for strengthening HRH information systems.

The availability, accessibility and use of data and information on human resources for health (HRH) is crucial for evidence-based decision making when addressing HRH challenges. Many sources can potentially produce valuable data for HRH measurement and monitoring, and this session is dedicated to strengthening health workforce information systems.

Parallel session 10. Scaling HRH towards equity.

The shortage of qualified staff in low- and middle-resource countries has reached a crisis point, and represents a major barrier to achieving the health-related MDGs. Countries and the international community is committed to a rapid and effective scale-up to the health workforce, and this session will cover global efforts and successful country examples.

Parallel session 11. Seeking the stamp of good quality? Imperatives of HRH regulation and accreditation.

While regulation needs competent, dedicated and well-remunerated professionals in the public sector, unfortunately in some developing countries, public sector is weak and lacks guidelines for regulation and proper governance. This session will explore the best ways of developing international standards for regulating all health professionals.

Parallel session 12. Financing health worker education and training.

For many countries, the current levels of health worker production and investment in continuing education fall very short of requirements for minimal access to essential health care. Responding to this deficit requires a substantial financial increase in education investment and training, as well as optimal use of available resources. This session delves into this area's current debates.

Parallel session 13. Dedicated Spirit: The Charm and Charisma of HRH.

No session proposal available.

Parallel session 14. “The UN Secretary General Global Strategy for Women’s and Children’s health: will anything be done about the workforce?”

The impact of the health workforce crisis on the health of women and children is a powerful issue on the global development agenda, particularly with health systems, and MDG 4 and 5. This session will assess health crisis issues in relation to maternal, newborn and child health issues, as well as review the Global Strategy for Women’s and Children’s Health.

Parallel session 15. Building capacity to generate evidence in HRH action oriented research.

In countries undergoing HRH crisis, many decisions about health workers have been made based on limited knowledge and information, as well as an incomplete understanding of the health workforce. This session will discuss strategies to build capacity within these crisis countries and generate the necessary evidence to fill the knowledge gaps in the context of ‘action-oriented’ research.

Parallel session 16. Innovative Education and Training in HRH.

The challenge facing many countries is how to educate and train their health workforce to address the prioritized needs of the health system within limited budgets. This session will explore into the need for, and the role of, innovation in human resource education in the current changing global health landscape.

Parallel session 17. HRH situation and trends in developed countries and their potential implications for developing countries.

This session will outline how HRH in developed countries can have an effect on developing countries. It will explore the response of developed countries to HRH shortages, and other current policy challenges, such as funding constraints and productivity agenda.

Parallel session 18. Trade in health services and impact on HRH.

The increasing trend of trade in health services imposes new opportunities and challenges for health and health systems around the world. This session will explore the critical interaction between trade and HRH, and especially aspects related to the new trade environment of regional and global agreements in light of the WHO code.

Parallel session 19. Self-reliance to health and well being through local resources and knowledge.

According to WHO, traditional medicine is used by approximately 80% of the people in Africa, and it is also widely used in Asia and Latin America. Traditional healers take a more holistic approach to treating illness, and are widely available in rural areas. This session will explore models to enrich these practices in health settings.

Parallel Session 20. Skills mix to achieve universal access to essential health care: a family health worker in every village?

As many countries are concerned about the acute shortage of human resources for health, there is a growing interest in the role of Community Health Workers and Mid-level health Providers in delivering care. In this session, the issues surrounding these frontline health care providers will be debated, as well as their use to achieving universal access to essential health services. Discussions will include issues/experiences on typology, training, certification, regulation, performance management, monitoring and evaluation of these cadres. ■



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TO LEARN MORE ABOUT THE ALLIANCE PLEASE CONTACT:

The Global Health Workforce Alliance
World Health Organization
Avenue Appia 20
1121 Geneva 27
Switzerland
Tel: + 41.22.791.2621
Fax: + 41.22.791.4841
E-mail: ghwa@who.int
www.who.int/workforcealliance



The Global Health Workforce Alliance is a partnership whose secretariat is hosted by the World Health Organization.

This quarterly newsletter has been compiled by the Alliance communications team.

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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