

# GHWA newsletter

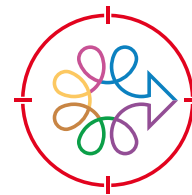


ISSUE 3, 2010

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

Empower health workers  
for health outcomes

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## MESSAGE FROM THE EXECUTIVE DIRECTOR



Dear readers,

The third quarter of 2010 has been very productive for us at the Alliance Secretariat. In July, we organized a successful global meeting on Country Coordination and Facilitation of Human Resources for Health in Cairo, where we validated action plans for 17 countries from Latin America, Africa, Eastern Mediterranean and South Asia. At our side meeting on HRH during the recent UN MDG Summit in New York, we highlighted to policy makers the essential role of the health workforce in achieving the MDGs and showcased specific examples of actions that have already made a difference – both within and beyond the health sector.

Preparations for the Second Global Forum on HRH, to be held in Bangkok 25-29 January 2011, are well

under way. The Forum programme is published in this edition of the newsletter. The deadline for submission of case stories and awards has been extended until 15 October. Please spread the word widely and encourage your networks to submit their nominations.

We are extremely encouraged by the launch of the new *Global Strategy for Women's and Children's Health*, the strong support shown by countries and their unanimous recognition of the need to increase the quantity and quality of health workers. We commend these pledges and urge further action – to ensure governments, policy makers and donors remain firm in their commitment to the critical role of HRH in improving the health of women and children everywhere.

Significant progress is evident and truly encouraging - as we enter the last quarter of the year, I look forward to your continued support and collaboration.

Dr. Mubashar Sheikh ■

## NEWS

### MORE COMMITMENT THAN EVER TO SAVE THE LIVES OF 16 MILLION WOMEN AND CHILDREN

At the United Nations High Level Meeting on the Millennium Development Goals recently concluded in New York, significant financial commitments were made to address the health workforce as part of the drive to move closer to the achievement of MDGs and to ensure progress in the areas of maternal and child health and addressing diseases such as HIV/AIDS, and malaria.

The *Global Strategy for Women's and Children's Health*, launched during the MDG Summit, calls the attention of partners to enhanced financing, strengthened policy and improved service delivery, in a coordinated manner, building on what has been achieved so far - locally, nationally, regionally and globally.

Since the Joint Effort on Women's and Children's Health was launched in April 2010, many partners have come forward with ambitious pledges to do more for women's and children's health. These pledges will ensure more health for the money, through better and more focused use of all available resources. The new strategy has drawn more than \$40 billion in resources. Never before have so much collaboration and new resources been assembled in such a short period of time for a global health initiative.

The gains on implementing this strategy include saving 16 million lives by 2015, preventing 33 million unwanted pregnancies, advancing the control of deadly diseases such as malaria, HIV/AIDS, and ensuring access for women and children to quality facilities and skilled health workers.

With particular focus on the health workforce, below is a select listing of commitments through which countries will contribute to achieving better health for women and children around the world:

- **Bangladesh** commits to doubling the percentage of births attended by a skilled health worker by 2015 (from the current level of 24.4%) through training an additional 3000 midwives, staffing all 427 sub-district health centres to provide round-the-clock midwifery services, and upgrading all 59 district hospitals and 70 Mother and Child Welfare Centres as centres of excellence for emergency obstetric care services;
- **Indonesia's** Central Government funding for health in 2011 will increase by USD 556 million compared to 2010. This fund will be available to support professional health personnel and to achieve quality health care and services in 552 hospitals, 8,898 health centres and 52,000 village health posts throughout Indonesia;
- **Kenya** will recruit and deploy an additional 20,000 primary care health workers;
- **Liberia** will ensure that by 2015 there is double the



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number of midwives trained and deployed than in 2006;

- **Nepal** commits to recruit, train and deploy 10,000 additional skilled birth attendants;
- **Niger** will train 1000 providers on handling adolescent reproductive health issues;
- **Nigeria** will reinforce the 2488 midwives recently deployed to local health facilities nationwide and will introduce a policy to increase the number of core services;
- **Tanzania** will increase the annual enrollment in health training institutions from 5000 to 10,000, and the graduate output from health training institutions from 3,000 to 7,000; simultaneously improving recruitment, deployment and retention through new and innovative schemes for performance related pay focusing on maternal and child health services.

In addition to countries, commitments have been made by philanthropic institutions, the United Nations and other multilateral organizations, civil society, the business community, professional associations, and academic and research institutions. The Alliance has prepared a background paper on HRH to complement the Global Strategy. For more information on the Global Strategy, background papers and a full listing of the commitments, see <http://www.un.org/sg/globalstrategy.shtml> ■

## IN BRIEF

### PUTTING HEALTH WORKERS AT THE HEART OF THE MDG SUMMIT

Despite significant progress in some countries, investments in the health workforce remain inadequate compared to the scale and importance of the challenge. Panelists at a UN MDG side event, "*No health workforce. No health MDGs: Is that acceptable?*" described the alarming human resources challenges they faced in their countries.

The side event co-hosted by the Governments of Norway, Brazil and Cameroon was organized by the Global Health Workforce Alliance in close partnership with the

Health Workforce Advocacy Initiative (HWAI), Merlin and AMREF. Distinguished panelists included - HE André Mama Fouda, Minister of Public Health, Cameroon; HE Professor David Mpande, Minister of Health, Malawi; Dr. Bjorn-Inge Larsen, Director of Health, Norway; Dr. Francisco Eduardo de Campos, Ministry of Health, Brazil; Mr Kiyoshi Kodera, Vice President, JICA, Japan; Michael Anderson, Director-General, Policy & Global Issues, DFID, UK and Dr. Carolyn Miller, Chief Executive, Merlin. The session was moderated by health expert and advocate, Dr. Joia Mukherjee, from Partners in Health.

Continued on page 2.

In brief – Continued



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The message stressed by all panelists, was the clear and critical link between the health workforce and health MDGs 4, 5 and 6. Also emphasized was the need for a strong, sustained and significant financial and political commitment to the health workforce, including the effective scale-up and support of an additional 3.5 million health workers. The event concluded with Merlin's *Hands Up for Health Workers* petition. Safaa, a young health worker from Sudan presented the petition, signed by 12,000 people, to the Ministers of Health from Cameroon and Malawi. She made an impassioned plea for global leaders to act on the health worker crisis and ensure health workers were adequately trained, supported and deployed to meet the needs of individuals and communities. ■

## INCREASING ACCESS TO HEALTH WORKERS IN REMOTE AND RURAL AREAS THROUGH IMPROVED RETENTION

The WHO recently launched global recommendations on retention which seek to advise countries on addressing the critical issues of retention and equitable distribution of health workers. The WHO resolutions on migration (WHA57.19) and rapid scaling up of health workers (WHA59.23) request Member States to put in place mechanisms which aim to improve the retention of health workers. The Kampala Declaration also called on governments to “assure adequate incentives and an enabling and safe working environment for effective retention and equitable distribution of the health workforce”.

The global recommendations were informed by a comprehensive research and analysis of evidence on existing interventions, by a series of country case studies and commissioned literature reviews, and by extensive consultations with experts and stakeholders regarding the effectiveness, implementation and evaluation of strategies to improve retention. The recommendations are listed under the categories of education, regulatory, financial incentives, personal and professional recommendations. The full report can be accessed at: <http://www.who.int/hrh/retention/guidelines/en/index.html> ■

## HEALTH WORKERS URGENTLY NEEDED TO REACH THE HEALTH MDGS

The recently published briefing paper by Action for Global Health calls on EU leaders to urgently tackle and prioritise the HRH issue, including committing to a concrete target to increase the number of health

workers. The paper is available at : [http://www.actionforglobalhealth.eu/fileadmin/AfGH\\_Intranet/AFGH/Publications/HRH\\_briefing\\_paper.pdf](http://www.actionforglobalhealth.eu/fileadmin/AfGH_Intranet/AFGH/Publications/HRH_briefing_paper.pdf) ■

## COUNTRY COORDINATION AND FACILITATION OF HUMAN RESOURCES FOR HEALTH, CAIRO, EGYPT, 12-15 JULY 2010

A global meeting on “Country Coordination and Facilitation of Human Resources for Health” (CCF) was held in Cairo, Egypt from July 12-15, 2010 to discuss, validate and design action plans for country coordination and facilitation of human resources. The meeting, which was convened by the Global Health Workforce Alliance and the Eastern Mediterranean Regional Office (EMRO) of the World Health Organization, brought together representatives from 17 countries and five regions (Africa, South Asia and Pacific, Eastern Mediterranean and Latin America).

The workshop provided clarification on the CCF, the structures already existing in countries that have

such mechanisms and /or possible inputs for HRH plans. Participants were provided with a list of tools that are currently available to guide analysis of HRH assessments at the country level and explore policy options for reform. Participants discussed needed competencies for an effective coordination process as well as available instruments to provide evidence-based information to governments under various production, employment and economic growth scenarios. The plenary and working group discussions during the workshop allowed countries to think through and revise the coordination and facilitation plans. ■

## “WILL WE ACHIEVE UNIVERSAL ACCESS TO HIV/AIDS SERVICES WITH THE HEALTH WORKFORCE WE HAVE?” ALLIANCE HOSTED SATELLITE SESSION AT AIDS 2010



To continue the debate across different constituencies for advancing global thinking on HIV/AIDS and health workforce issues - UNAIDS, PEPFAR and the Global

Health Workforce Alliance hosted a satellite session during the AIDS 2010 on the question: “Will we achieve Universal Access to HIV/AIDS services with the health workforce we have?” The answer that emerged from the lively discussions was clearly ‘no’. Even though progress is being made, it is not sufficient to meet the 2015 MDG deadline.

Government representatives of Malawi and South Africa spoke about their efforts to scale up HRH in the field of HIV. Dr Thomas Kenyon from PEPFAR and co-chair of the Alliance technical working group (TWG) on HRH and HIV Universal Access, presented snapshot findings of the TWG from five countries (Côte d’Ivoire, Ethiopia, Mozambique, Thailand and Zambia). All five countries have a strategic plan that addresses HR gaps and challenges and were employing methods to increase retention and improve workforce distribution. The session was moderated by Dr. Sigrun Møgedal, Chair of the Alliance. ■

## SAVE THE DATE

### 5<sup>TH</sup> ASIA-PACIFIC ACTION ALLIANCE ON HUMAN RESOURCES FOR HEALTH (AAAH) CONFERENCE, BALI, INDONESIA. 4 - 6 OCTOBER 2010

The 5<sup>th</sup> AAAH Conference - the theme of which is *HRH Challenges for Achieving MDGs* will take place from 4-6 October 2010, in Bali, Indonesia. The Conference aims to address and discuss HRH challenges to achieving the MDGs and provide input into the planning for the Second Global Forum on HRH in Bangkok in 2011. The structure of the conference will include plenary and parallel sessions, side meetings as well as a site visit. The plenary sessions will focus on the following three areas:

- Dialogue on HRH Challenges to Achieve MDGs
- HRH Education in the 21<sup>st</sup> Century
- Achievements of the Regional Strategies on HRH in WPRO/SEARO

Alliance Executive Director Dr Mubashar Sheikh will speak at the first plenary on challenges to achieve the health related MDGs

The Alliance will hold a pre-conference session on *Implementing the HRH Action Framework (HAF) within the Country Coordination and Facilitation (CCF)* and will also coordinate two parallel sessions around the monitoring and evaluation of the Kampala Declaration and Agenda for Global Action as well as Community Health Workers. More information on the Conference can be found at: <http://www.aaahrh.org> ■

### AFRICAN PLATFORM’S FIRST CONSULTATION ON HUMAN RESOURCES FOR HEALTH, 11 - 13 OCTOBER 2010, NAIROBI, KENYA.

The African Platform on Human Resources for Health (HRH), which was established in 2005 to serve as a networking and convening platform on HRH in Africa, will host its First Consultation on Human Resources for Health in October 2010 in Nairobi, Kenya. The purpose of the Consultation is to take stock of progress, achievements and lessons in HRH, share experiences, innovations and

lessons in five critical areas affecting the health workforce in Africa. The Consultation will further identify joint action across a broad range of stakeholders to secure long term policy and programme action that will strengthen and expand investments in HRH for health systems strengthening in Africa. More information can be found at: [www.aphrh.org](http://www.aphrh.org) ■

## NEWS FROM MEMBERS

### NEW! MERLIN'S' CAMPAIGN PAPER - A GRAVE NEW WORLD



The paper exposes the devastating effect that conflict has on both health workers and health in some of the world's most volatile places. It captures uplifting testimonies from health workers and national aid workers in crisis countries all over the world, with reports of ransacked clinics, doctors facing death threats and vital health services suffering daily disruption. Merlin argues that unless these health workers on the frontline are protected, lives will continue to be lost and the MDGs on maternal and child mortality will remain a distant reality. The paper is available at: [www.merlin.org.uk](http://www.merlin.org.uk) ■

### NEW TOOL IN THE PPE CAMPAIGN TOOLKIT - MEETING THE INFORMATION NEEDS OF HEALTH PROFESSIONALS

Partners of the PPE Campaign, have recently launched a fact sheet highlighting the information needs of health professionals. The central message of the fact sheet, which was prepared by "Healthcare Information for All by 2015 (HIFA2015)", is that information access is critical for health professionals to provide safe, appropriate and effective care. Reliable and relevant information is considered equally important as access to medicines and equipment. All of these are essential tools in the delivery of health care and/or advice.

Up-to-date information is vital in guarding against adverse clinical events. Health information underpins quality service delivery and supports the continuing professional development of health professionals.

The fact sheet completes the existing Campaign toolkit, which includes general fact sheets, guidelines, posters and other advocacy material. All the material of the campaign toolkit can be found at: <http://www.ppecampaign.org/> ■

### AMREF'S PUTTING AFRICAN MOTHERS, NEW BORN AND CHILDREN FIRST PROJECT

AMREF's "Putting African Mothers, New Born and Children First Project" aims to reduce maternal, new born and child mortality in Tanzania, Kenya and Southern Sudan, thereby contributing to regional learning on the issue and accelerating progress towards the attainment of the MDGs in Africa. The overall objective of the project is to strengthen capacity of communities, civil society organizations and local authorities to promote maternal, newborn and child health among marginalized communities in four districts by 2013. Across all three countries, the majority of maternal and newborn deaths and disabilities occur from preventable causes that can be averted through skilled attendance at birth, backed up with emergency care. Many of these are also the result of unsafe abortions among adolescent

women, and could be prevented through better access to family planning. The four-year project works in rural coastal communities in Mtwara and Tandahimba (Tanzania), indigenous communities in Lamu District (Kenya), and internally displaced people and host communities in post-conflict Terekeka (S. Sudan). The project is implemented by AMREF in each of the targeted countries in partnership with Ministries of Health and local-level stakeholders and is regionally co-ordinated by AMREF's Headquarters in Nairobi, Kenya. For more information, visit: <http://www.amref.org/news> ■



## VOICES



- “If you really want to improve health care systems and increase treatment, we have to have more qualified health care workers. Africa has 10 % of the world’s population, 25% of its health burden and 3% of its health care workers. We need more people in the health care workforce. We need more people who can do good work at lower cost over a wider geographical range. In Zambia we worked with the government to add 1000 doctors in under 18 months. This didn’t take very much new money. What it took was different organization and determined local leadership”. **Former US President Bill Clinton** at the keynote speech at the opening session of the AIDS 2010 Conference in Vienna, July 2010. ■



- “We know what works to save women’s and children’s lives, and we know that women and children are critical to all of the Millennium Development Goals. Investing in their health is not only the right thing to do - it also builds stable, peaceful and productive societies”. **United Nations Secretary General, Ban Ki- Moon**, launching the Global Strategy for Women’s and Children’s Health, during the 2010 UN MDG Summit, in New York, September 2010. ■

### MALAWI - A SHINING EXAMPLE OF DYNAMIC LEADERSHIP

The recently released evaluation report on Malawi’s Emergency Human Resources Programme (EHRP), highlights significant achievements. The report, prepared by a North-South partnership between Management Sciences for Health (USA) and Management Solutions Consulting (Malawi), ably demonstrates that with the development and implementation of a multi-stakeholder, inter-sectoral, comprehensive Human Resources for Health (HRH) plan, bringing together different elements as laid out in the Kampala Declaration and Agenda for Global Action (KD/AGA), the acute shortage of health workers can be addressed.

In order to revamp its health system, the Government of Malawi launched, in 2004, an ambitious emergency human resources programme, which entailed provision of incentives for recruitment and retention, scaling up domestic training capacity, filling short-term gaps through international volunteer doctors and nurse tutors, providing technical support to bolster management and planning and capacity.

Highlights of some of the key findings of the evaluation of the EHRP include:

- Across the 11 priority cadres, the total number of professional health workers increased by 53%, from 5,453 in 2004 to 8,369 in 2009;
- Total graduates from Malawi’s four main training institutions showed an overall increase of 39%, from 917 in 2004 to 1,277 in 2009 (Physicians by 72%; Nurses by 22%);

- Confirmation of the positive correlation between health worker density and health outcomes.

At the outset of the EHRP in 2004, the total health provider density was 0.87 per 1,000 population in the public sector (MOH and CHAM). This figure rose to 1.44 by 2009, representing a 66% increase. Over the same period of time, the total population of Malawi increased by 10%. Thus, health worker density increased beyond simply keeping pace with the population increase.

Key lessons learned that were highlighted in the report include:

- Government commitment to taking direct action is essential.
- Successful implementation of a comprehensive Human Resources plan requires the collaboration and commitment of a multi-sector group.
- Development partners’ willingness to support the 52% salary top-ups and the Government of Malawi’s willingness to allow the different pay scales was a key success factor.
- A long time horizon is necessary to see improvements.

The relationship between the five elements of the Malawi EHRP and the Kampala Declaration and Agenda for Global Action are illustrated in the table on the next page.

Agenda for Global Action		EHRP Element Description	
AGA 4	Retaining an effective, responsive and equitably distributed health workforce;	<b>Element 1</b>	Improving incentives for recruitment and retention of Malawian staff in government and mission hospitals through a 52% taxed salary top-up for 11 professional cadres, coupled with a major initiative for recruitment and re-engagement of qualified Malawian staff
AGA 5	Managing the pressures of the international health workforce market and its impact on migration		
AGA 3	Scaling up health worker education and training	<b>Element 2</b>	Expanding domestic training capacity by over 50% overall, including doubling the number of nurses and tripling the number of doctors and clinical officers in training
AGA 1	Building coherent national and global leadership for health workforce solutions; Securing additional and more productive investment in the health workforce	<b>Element 3</b>	Using international volunteer doctors and nurse tutors as a stop-gap measure to fill critical posts while more Malawians are being trained
AGA 6			
AGA 1	Building coherent national and global leadership for health workforce solutions; Securing additional and more productive investment in the health workforce	<b>Element 4</b>	Providing international technical assistance to bolster capacity and build skills within the Ministry of Health's human resources planning, management and development functions
AGA 6			
AGA 2	Ensuring capacity for an informed response based on evidence and joint learning	<b>Element 5</b>	Establishing more robust monitoring and evaluation capacity for human resources in the health sector, nested within existing health management information systems, which are being strengthened to support implementation of the Essential Health Package

This innovative programme in Malawi demonstrates that progress is possible and lives can be saved when political will, sound strategies and adequate resources are brought together and implemented through a coherent national programme to address the HRH crisis.

The final evaluation report is available at: [http://www.who.int/workforcealliance/media/news/2010/Malawi\\_MSH\\_MSC\\_EHRP\\_Final.pdf](http://www.who.int/workforcealliance/media/news/2010/Malawi_MSH_MSC_EHRP_Final.pdf) ■

## 2<sup>ND</sup> GLOBAL FORUM ON HUMAN RESOURCES FOR HEALTH, JANUARY 25-29 2011, BANGKOK

### CONFERENCE PROGRAMME

Tuesday 25 January 2011							
09:00-18:00	Side meetings/skill building workshops						
18:30-20:00	Reception & Launch of the KD AGA report and the UA report						
Wednesday 26 January 2011							
07:00-18:00	Field visits						
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	1. Coherent leadership for health workforce solutions	2. Serving in the frontlines: personal experiences and country strategies for retention of HRH in rural areas	3. Will the WHO Global Code stop the brain drain? What will it take to succeed?	4. Do GHIs contribute to equity in access to HRH?	5. Economic fluctuations, universal health coverage and the health workforce	6. Overcoming HRH crisis in conflict and post-conflict situations	7. High Level Roundtable: Working together for health workers (Private Meeting)
18:00-20:30	Welcome Dinner						
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	8. Building Capacity to Translate HRH Evidence into Action to Sustain HRH Policy, Decisions and System Strengthening	9. Innovative solutions for strengthening HRH information systems	10. Scaling up HRH towards equity	11. Seeking the stamp of good quality? Imperatives of HRH regulation and accreditation	12. Financing health worker education and training	13. Dedicated Spirit: The Charm and Charisma of HRH	14. The UN Secretary General Global Strategy for Women's and Children's health: will anything be done about the workforce?
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						
15:30-17:00	15. Building capacity to generate evidence in HRH action oriented research	16. Innovative education and training for HRH	17. HRH situation and trend in developed countries and their potential implications to developing countries	18. Trade in health services and impact on HRH	19. Self reliance to health and well being through local resources and knowledge	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	Closing session of the 2nd Global Forum						
12:30-14:00	Lunch						

## HRH GLOBAL FORUM AWARDS - EXTENDED DEADLINE FOR SUBMISSIONS



The new deadline to submit case stories for the HRH Global Forum Awards has been extended. Through the *Awards for Excellence*, the everyday experiences of innovative and sustainable projects will be showcased through 'case stories' - human real life narratives on what has worked, where and why, in this way sharing best practices and real life situations. These can be

used as stepping stones to fill gaps in learning and experience.

Through the *Special Recognition Awards*, a small number of individuals will be commended for their exceptional work carried out in rural or hardship areas.

Please spread the word and help us in identifying the most deserving stories and/or individuals to make the awards a success.

Deadline for Awards for Excellence - 15 October  
Deadline from Special Recognition Awards - 31 October

More information on this and the forum is available at <http://www.who.int/workforcealliance/forum/2011/en/index.html> ■

## FEATURE

**FROM RURAL VIRGINIA TO REMOTE AREAS OF LAOS: KEEPING HEALTH WORKERS IN THE COMMUNITIES THAT NEED THEM** by Maurice I. Middleberg (and Sarah Dwyer for assistance with this post)  
(This recent blog has been taken from *CapacityPlus* website)

On a recent Monday I spotted an article in the *Washington Post* about a young doctor who accepted a position in rural Virginia. She and many other health workers are struggling to balance their professional commitment—"I really wanted to help people who wouldn't otherwise get help," Dr. Sarah Carricaburu told the reporter—with the drawbacks of living far from an urban center. She's not sure if she'll stay. I was struck by the similar context of this article and the stories I hear every week from developing countries around the world. The factors driving doctors and nurses away from rural posts in the US are largely the same as those in developing countries—social and professional isolation, access to the Internet, housing, cultural options, schooling for children, lack of opportunity for continuing education. We often assume the problem is one of salary. But it's more complicated than that.



### Incentives that matter to health workers

Recently, the World Health Organization issued global policy recommendations for helping increase access to health workers through improved retention. What's clear is that we need to ask the health workers themselves which incentives matter most. We can't assume we know why they leave.

Motivations are complex, and salary is only one factor. To help attract health workers to remote communities and encourage them to stay, we need a tailored bundle of incentives. The specific elements of that bundle must be tailored to the incentives that matter most to health workers, while meeting tests of feasibility and affordability.

## Helping countries with retention

CapacityPlus is doing a lot of work in this area. We're partnering with the WHO to help apply the retention recommendations in country-specific settings.

In Laos, we're working with the Ministry of Health on a plan to implement retention strategies. We hope to build the Ministry's capacity to apply tools for assessing health worker preferences and costing retention interventions. CapacityPlus is currently developing these tools.

In Uganda, CapacityPlus will help conduct a step-by-step process to obtain health worker preferences in order to prioritize and bundle the menu of options in the Ministry of Health's retention and motivation strategy. This will help Uganda's government in designing effective incentive packages.

## Assessing the impact

Going forward, we need to see the marginal impact of different incentives and amass some evidence that each incentive increases retention. If a government implements an incentives package, did it actually retain health workers?

We need a holistic, context-sensitive approach to keep dedicated health workers on the job in the communities that need them. The WHO recommendations provide a good guide to action. This is a problem we can solve. ■

## CALENDAR 2010

### October

- 3 – 6 Oct 5<sup>th</sup> AAAH Conference, Bali, Indonesia
- 4 – 8 Oct WHO Regional Committee Meeting for the East Mediterranean (EMRO), Cairo, Egypt
- 7 – 8 Oct OECD Health Ministerial Meeting 2010, Paris, France
- 10 – 13 Oct World Health Summit, Berlin, Germany
- 12 – 14 Oct First Consultation of the African Platform on Human Resources for Health, Nairobi, Kenya

- 24 – 27 Oct 7<sup>th</sup> International Conference for Neonatal Nurses (ICNN), Durban, South Africa

### November

- 11 – 20 Nov G20 Summit, Seoul, South Korea
- 16 – 19 Nov Global Symposium on Health Systems Research, Montreux, Switzerland

## 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](mailto:ghwa@who.int)  
[www.who.int/workforcealliance](http://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](http://www.who.int/workforcealliance)

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