Statement on the Call for Action African Group at the Oslo HRH Consultation 24th – 25th February 2005

General

- 1. The recommendations from Oslo should be generic rather than prescriptive enabling each country to adapt these to its own local conditions
- 2. Although HRH is recognized as a crisis, commitment to the response should be framed in the long term
- 3. We propose that an endorsement of the Call to Action should not imply an endorsement of the detailed proposals in the background documents. These should be addressed by the Theme/Work groups for taking action forward. Theme/work groups should reflect a broad range of stakeholders and expand the space for engagement beyond the public sector
- 4. The group expressed concern that the current proposals for HRH investments are based on numbers, ratios, targets and priorities that are defined from global aggregates. It is important that investments decisions are made on the basis of individual country needs and priorities, that reflect issues that go beyond just numbers to include skills mix, cadre, productivity and linkage to health systems strengthening
- 5. The HRH agenda must be correctly contextualized within overall HR planning and management in the broader Public Service, as well as with broader inter-country partnership.
- 6. The World Health Assembly resolution directed WHO and ILO to refer the matter of crises in Health as a result of Migration to a special session of the UN General Assembly and to declare a

decade of HRH. This should be followed up, and actions broadened to include other HRH issues.

Country Action Alliances and Teams

- 1. We support the strengthening and use of existing structures and systems within countries to make them more inclusive and better linked to the HRH workforce issues as far as is possible. This should also apply to regional and global structures and systems to operationalize and support the response.
- 2. Health systems strengthening and development as a vehicle to achieve the MDG's is the key outcome of the HRH response. There should be a clear operational link and/or framework to assure that this outcome is achieved
- 3. The response should also recognize that health systems in Africa are at different levels of maturity ranging from mature SWAps to non-SWAps arrangements. Whatever the status, development assistance should recognize the imperative of country ownership and leadership, and be flexible to enable country based priority setting.

Financing

- 1. International Finance Institutions and Ministries of Finance should recognize that health is a productive asset for national development and therefore should be a priority investment.
- 2. The meeting recognized that even those African countries with good financial management who are benefiting from HIPC and have fully mobilized domestic resources do not have the fiscal capacity to respond to the HR crisis. It is imperative that OECD countries commit to bridging this gap as the only effective means of attaining the MDG's.

3. The African group calls on OECD countries to match their development Aid to the commitment to 0.7% of GDP to ODA.

Global Action Platform

- 1. The group calls for strong African representation in the global platform and theme groups to be established as a part of the global action platform and response with clear links and support for existing regional structures, programs and activities
- **2.** An Africa-wide network of regional and sub-regional intergovernmental, public-private-partnerships and civil society organizations should be charged with working together to coordinate and monitor actions on HRH. The HRH Observatory, while housed at AFRO/WHO should link with the emerging African HRH network.

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Simon Mphuka	Christian Health Organization	Zambia	Sgd.
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Emily Sikazwe	Women for Change	Zambia	Sgd.
Simon Miti	Ministry of Health	Zambia	Sgd.
Carel Ijsselmuiden	University of Natal	South Africa	Sgd.
Francis Omaswa	Ministry of Health	Uganda	Sgd.
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25th February 2005 Oslo, Norway