

Working together for results

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- This consultation has revealed the complexity of the issue before us.
- None of us will leave here with blueprint solutions.
- The summary we just heard gives us no easy fix.

But these two days have hopefully given us broader understanding of what is at stake. It has brought the HRH agenda from the back burner to the front challenge in anything we can say or do about achieving health- and AIDS-related MDGs.

The consultation has demonstrated that it is possible to bring together a broad and very representative group of stakeholders and proceed rapidly into action mode. We now need to get back to our places of responsibility and engage. We must not allow ourselves to go back to business as usual. Some next steps we can see clearly, others are still being moulded. But we have a direction in which to move.

This gathering of eminent people from Africa and from the international community at large, has in itself been remarkable. All have come prepared to clarify priorities and gear up for action. As diverse as this group may be, we have come close to agreement on ways we can mobilise and ways we can behave to act together, both in countries that struggle to overcome the HRH crisis and in a joined up global response.

We had to come here to agree together **to break out of inertia**. Because we have seen the problems coming, without responding. There have been symptoms and warning signals that neither governments, academics, civil society, donor partners nor agencies have responded to.

We had to come here to **tie together fragmented efforts**. We cannot any more operate in ways where poverty action, priority health action and AIDS action have had their own territory and own partnerships – more or less unrelated to each other.

The communities that these efforts should serve are the same. The total workforce of skilled health workers available to serve these communities is the same. One effort must not undermine the other, fighting over scarce human resource or scarce financial flexibility.

We had to come here to **generate a visible action agenda**, robust enough to hold us all accountable. Because there are actions possible and tools available.

We had to come here to **put together a strong enough message to make a difference**, to the extent that there is no going back.

For donors, it is humbling to discover once again that we cannot buy everything or direct everything with money.

It is a corrective to realise that while we have been refining our aid instruments and struggled for harmonisation of procedures – and mind you, done with all good intentions –critical, cross cutting, real life issues such as a dwindling health work force completely out of size with need - have not been “discovered”.

We have let it happen. It belonged to the bag of public sector reform where it has been easier to deal with agendas for downsizing, privatising and decentralising than with “right sizing” and investments. We aggravated the case by strong opinions about what donors would pay for and what not. Seminar costs were more acceptable than recurrent commitments such as pay increase. Allowances were more acceptable than adjustments in salaries. :

I think we as donors have to rethink, but nevertheless, the solutions to the present crisis must start at the country level.

For the affected countries it is essential to note that money and experts cannot make a difference if there is not political will and energy to make hard priority decisions.

We, the donors, pull in different directions and often create a very crowded environment of conflicting priorities. Unless we move forward with tools that can pull action together in mutual accountability we are likely to fail. A common framework for action is required as a point of reference for all stakeholders, not to force uniformity but for managing diversity.

It is therefore essential to start with the political commitment to tackle the crisis in the affected countries. The countries must demonstrate that they are committed to solving the HRH crisis by doing what is possible with the resources that are available, both by carrying out public sector reform and by allocating resources to dealing with the problem in their budgets.

How can we contribute to raising the HRH crisis on the national agendas?

- There is an urgent need to carry out research and analysis to provide a strong foundation for the arguments for actions and actively to seek practical solutions. The international community should continue to support this research. The establishment of networks that can provide a structure for exchange of results and experience have been identified in this meeting as important.
- We need to relate the efforts and investments in Human Resources to the Millennium Development Goals, by demonstrating how a failure to invest in HR will affect growth, poverty and the well-being.
- We need to ensure that the poverty reduction plans (the PRSPs), reflects the true need for investments in Human Resources and the challenges related to this.
- This meeting has confirmed the need for country-led actions. Global- and vertical initiatives should fold into the existing national structures, thus contributing to increased aid efficiency.
- We must also ensure that the HRH issues are operationalized into concrete plans, reflected in the national strategies (such as the health sector strategies) and the annual plans and budget (of the sector programs).

- During the last days a number of countries have pointed at the need to improve the management of existing HR and to ensure that the productivity of the workforce is used in an optimal way.
- Partner countries, bilateral donors, multilateral agencies and the civil society have in many of the countries embarked on a broader approach to development. The sector programmes (Swap's) are providing a framework for improved planning based on clear prioritisation, budgeting, monitoring/evaluation with an aim to have a coherent approach, coordinated and harmonized and aligned with government procedures. Some adjustments might be needed in these mechanisms to include all stakeholders such as the civil society, the unions and the private sector.
- Many of the countries facing the HR challenges need technical assistance, both in terms as gap-fillers and as short- or long term advisors. The international community can contribute in this regard.
- The consultation has shown that there are a number of ways of providing fiscal space for additional investments in HRH. The IMF presentation yesterday pointed at the possibility of raising taxes, change priorities and reallocate and reprioritize resources (this will include cleaning up the pay roll list for the public sector). I strongly agree with this.
- Donor harmonisation and alignment to improve aid efficiency such as the establishment of SWAPs, improved public financial management systems and the fight against corruption, are other areas where fiscal space can be created.
- We can assure you that all these areas are on the top of the donor agenda.
- However, this will not be enough to create sufficient space, thus a considerable increase in donor funding is necessary to meet the MDGs. Not only must donors become more predictable in terms of financing, but we also have to enhance our effort at commit funding and support on a long-term basis.
- Finally, I will assure you that Norway will continue to pursue this issue in all relevant fora – be it at the international level or in the affected countries. Should the preparation team wish so we are - as also said by Sigrun - willing to assist the continued work of this group.