High-Level Forum on the Health MDGs

Working together to tackle the Crisis in Human Resources for Health

Paris, 14-15 November 2005

Working together to tackle the Crisis in Human Resources for Health

A Report of the Transitional HRH Working Group to the High-Level Forum

This paper reports back to the High-Level Forum in Paris on the crisis in human resources for health (HRH) and seeks the advice of Forum leaders on how to continue working together to tackle HRH for improving the performance of health systems and global initiatives.

The paper summarizes the rapidly accumulating evidence and growing recognition of the HRH crisis, especially in sub-Saharan Africa. The nature of the crisis is briefly outlined, drawing attention to escalating activities, demand and momentum emerging from Africa and other countries calling for appropriate and effective global and regional support. There are clear needs for quality technical work, stronger regional cooperation, harmonization of health systems and global initiatives, and for sound fiscal and migration policies. Underscored is the growing gap between energetic yet isolated and fragmented country HRH efforts and appropriate and effective external reinforcement.

Organized around a country-led framework, the forces calling for joint working are reviewed. In an inherently complex field with weak data, an underdeveloped evidence base and isolated and fragmented activities, the necessity for multisectoral policy development is acute. Building on ongoing collaboration among stakeholders catalysed by the High-Level Forum, the Oslo Consultation, the Joint Learning Initiative (JLI), the WHO and the World Bank, bilateral and nongovernmental bodies, and regional networks, a global alliance is emerging from the transitional working group (TWG), not as a separate new organization but built on collaborative linkages across existing and new actors. Energized by key leaders with agile operations based in existing institutions, an alliance would be open to the co-equal participation of all actors. A concrete set of deliverables for this alliance over the next several years is proposed within a vision and mission on HRH for advancing global health equity.

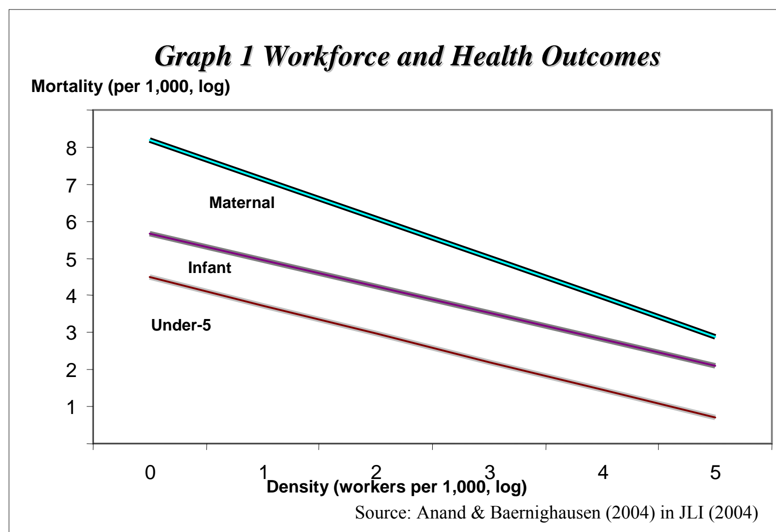
Dynamic contexts

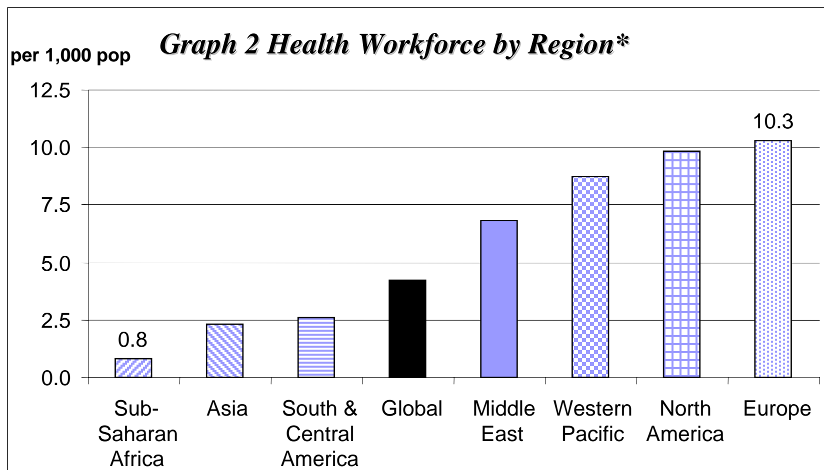
At the first High-Level Forum in Geneva in January 2004, the imperative of overcoming the crisis of HRH for achieving the health-MDGs was acknowledged. By the second High-Level Forum in Abuja in December 2004, African leadership, already moving, were unified in their support for country-led and country-based action, and also firm in their view that progress depended in part on significant international response. In support of this approach, a rapidly assembled Oslo Consultation in February 2005 engaged key stakeholders to achieve consensus behind a "common global platform of action." A TWG was established to broaden the consultation process, to promote interim actions,

and to develop an action plan (Annex A). At this third High-Level Forum in Paris, the TWG reports on progress and seeks the inputs of Forum leaders on how stakeholders can continue working together to overcome the crisis in HRH.

Whether viewed from the perspective of a person who is ill, in need of urgent care but denied access to essential services due to the absence of a health worker, or viewed from the perspective of an over-stretched health worker who is inadequately equipped and supported bringing barely poverty-level wages back to her family, the crisis in HRH is an old problem exacerbated by fresh forces taking on new forms. In the poorest countries of sub-Saharan Africa, HIV/AIDS is a "triple threat" – generating huge work burdens, directly impacting on the lives of health workers through personal or family illness, and stressing workers who have become terminal care providers rather than healers. Unrelenting demand for skilled workers in an expanding global labor market has provided fertile ground for the acceleration of migration of professionals from rural to urban areas, from the public to the private sector, and from many of the hardest-pressed countries to greener pastures. And the past two decades of "structural adjustment" and "health sector reform" have paid insufficient attention to health workers who were often seen as fiscal liabilities rather than core assets of health systems. Health care is fundamentally a "service industry" that by necessity relies on a motivated, skilled, and supported workforce.

These developments are among the reasons why the World Health Assembly in both 2004 and 2005 passed resolutions, at the initiative of African ministers of health, to address the crisis of HRH. The case for HRH was well advanced by the report of the JLI, a coalition of more than 100 global health leaders consisting of practitioners and scholars from both the South and North. With the scaling up of the AIDS response and a host of categorical programmes, managing HRH is central to addressing the additional and often competing demands on health workers for different tasks and between their often joint roles as public and private sector providers. After all, HRH is demonstrably linked to health systems outputs and health outcomes (Graph 1). HRH is often the largest share of health budget that is the least strategically planned and managed. The workforce is the catalytic lever for driving the performance of health systems and priority programmes. Although water, sanitation, nutrition, and other investments are equally important, a motivated and skilled workforce is critical for reducing maternal and child mortality, to manage HIV/AIDS, TB and malaria, as well as for the provision of essential preventive, diagnostic and





*combined physicians, nurses, midwives per 1000 population
Source: JLI (2004) compiled from WHO estimates of health personnel 2004

curative services. Stated simply, there are no short-cuts around HRH for achieving the health MDGs.

Countries differ greatly in their human resource endowments. Yet as underscored by the JLI report, all countries confront a common set of challenges – severe shortages, maldistribution of workers, inappropriate skill-mixes, negative working conditions, and huge knowledge gaps. Over 600 million sub-Saharan African people are served by fewer than one skilled worker per 1000 population, less than 100,000 doctors in total (Graph 2). JLI estimates that a density of 2.5 health workers per 1000 is necessary to hit key milestones such as 80% coverage of immunizations and skilled birth attendance. To reach these MDG targets, Africa would need to triple the number in its workforce – more than 1 million additional skilled workers. Simply pouring in more money and more drugs will be useless or even wasted without dramatic improvements in the human infrastructure that enables effective health action.

Since High-Level Forum I, policy momentum for tackling the HRH crisis has been steadily building at nearly all major international events (Annex B). The momentum, predominately technical and programmatic, has also reached the highest political levels. HRH was identified as a key priority by African Heads of State in Abuja in January 2005, and the recent African Union meeting of health ministers in Gaborone in October echoed these priorities. Globally, the UK Africa Commission devoted a major share of its health recommendations to strengthening the workforce in health systems. The same political priority to HRH was echoed at the June G8 Gleneagles Summit and reaffirmed at the September UN Summit for the MDGs.

Public attention in Northern countries has been further fueled by the press, media, and NGO advocacy. The BBC, the New York Times, and the Guardian all have extensively featured the HRH crisis in Africa. Nongovernmental organizations have been successful in bringing the workforce crisis into public focus and into policy formulation in the US congress, UK parliament, and other legislative bodies. Professional groups have also been active, with major coverage of HRH by leading medical journals like the Lancet and the British Medical Journal. Indeed, among the most active advocates for correcting the unfairness of migration depletion from the poorest countries has been the British Medical Association.

It should be recognized that the HRH crisis will not simply "fade away." Gross under-production of skilled workers is apparent in many of the countries hardest hit by the HIV/AIDS epidemic. Even in well-endowed countries, escalating demand for skilled workers in aging populations means accelerating importation in an increasingly porous global labor market. Few countries, rich or poor, have strong human resource planning and implementation capacity to correct deficiencies that have been decades in the making. Not only is urgent action necessary but at least a decade of sustained investments will be necessary to build a robust human infrastructure for most national health systems.

Escalating activities, demand, and momentum

Country activities "to train, retain, and sustain" national workforces are increasing, and a number of countries have undertaken innovative actions. African countries have initiated many situation assessments, research and studies, planning and policy development, and know-how transfers. Ghana, for example, has been leading the way through an additional duty allowance and financial and non-salary incentives for rural postings – to such a scale that these allowances now constitute nearly 40-50% of the salary bill in the public sector. Malawi has a major effort to strengthen its national workforce through major adjustments of compensation and work systems. Ethiopia is training more than 20,000 community health workers to extend basic services into rural areas. While detailed specification is difficult, some generic patterns are emerging (Box 1).

Novel activities in countries are generating growing demand for appropriate and effective regional and international support. Among the key areas of reinforcement are: (1) developing and sharing tools, guidelines, and best practices for strategic planning and management; (2) strengthening regional and global cooperation to achieve scale and impact; (3) relying on HRH to strengthen health systems and to harmonize global initiatives; and (4) developing supportive fiscal space and migration policies. These support requirements are discussed in turn.

BOX 1 Recent HRH Initiatives and Underdeveloped Areas

Some recent initiatives	***Some underdeveloped areas***
• Efforts at retention through salary, benefit, extra-duty allowances • Incentive payments for rural hardship postings • Outsourcing and new contractual arrangements • Expanding more flexible private systems	• Little mobilization of pre-service training • Skill-mix deficiencies are rarely addressed • Data deficiency and weak monitoring and evaluation • Few new policies and regulations • Infrequent engagement of stakeholders

Tools, guidelines, and best practices – HRH is an underdeveloped field where established norms, guidelines, and best practices have yet to be clearly established. As a consequence, most country activities are being launched without a strong evidence base of what works, why, and how? WHO and its regional offices have and are increasingly playing critical roles in normative standard setting and technical excellence. But, it and technical partners must dramatically ramp up technical support to fledgling national programmes that would benefit from improved information, standards, and knowledge. Core indicators of HRH must be developed, and all HRH policies and interventions must be monitored and linked to health systems outputs. In some fields, technical expertise already exists within Africa, in both the public and the private sector, and these regional resources need to be galvanized in support of national processes with appropriate international supplementation. Throughout, a culture of "learning communities" must be built and strengthened to actively engage in the trial-and-error of improving HRH planning and management.

Regional and global cooperation – Demand for country support is increasing exponentially, especially in Africa. The potential for sharing technical and institutional resources within regions is important even whilst additional capacity is being mobilized. For example WHO is proposing "The Connection," an open network to mobilize technical expertise and to develop indicators, tools, and guidelines in support of country activities. Collaboration and linkages among key technical groups around the world are being fostered, including Liverpool, Management Science for Health, the US Center for Disease Control, and various bilateral technical activities. A regional network of agencies sharing capacity and expertise in support of coherent and coordinated regional action has already been fostered through the Pan American Health Organization (PAHO). HRH observatory. New regional initiatives are emerging in Africa sparked by the NEPAD/WHO/ACOSHED Conference on Human Resources held in Brazzaville in July 2005 and in Asia sponsored by the Thai Ministry of Public Health workshop held in Bangkok in August 2005. In Africa, the need to better map the current situation and to collate and disseminate existing lessons on good practice has been realized. A strong case has been made for an African regional observatory on HRH.

Health systems and global initiatives − The resources mobilized through global initiatives has been important in focusing international attention on critical issues and accelerating progress towards the MDGs. However, there is now a need to ensure that these resources effectively complement and build health systems which are necessary for sustainability and for addressing the full range of essential health needs of a population. Productive dialogue with the leadership of the global initiatives has highlighted considerable willingness and commitment to harmonize behind national priorities. It is agreed that the cooperative arrangements between global initiatives and national plans of action should be designed to complement and strengthen – not duplicate or compete with − health systems. The bulk of external financing, it is expected, should flow directly into countries in support of national plans for health systems and priority programmes. While not a panacea, effective HRH management is critical for improving the efficiency and impact of these investments. Getting the right workers into the right place at the right time doing the right things is absolutely fundamental to health results. HRH, moreover,

offers a powerful advocacy focus − clear to communicate and easy to measure – for highlighting fiscal space exceptionality, managing migration, and harmonizing public-private dynamics. Most importantly, HRH operates as the common "currency" to bring harmony among health systems and priority disease programs. Ultimately, the priority that countries accord to the training, deployment, and tasks assigned to workers is where health systems and global initiatives come together.

Fiscal and migration policies – Critical to country level HRH action is policies on fiscal space to ensure sustainable financing in support of the health sector, which will be essential before ministries of finance will take on the financial commitment of an expansion and improvement in the terms of service of the health workforce. Policies on labour markets, public sector reform, and the implications of decentralization will all be critical in formulation of country responses. So too, ultimately, will be improved management of international migration. Migration policies are indicated for both sending countries and receiving countries. The former must make a real commitment to broaden and retain professionals through stronger education, retention, and productivity strategies that expand the pool of appropriate personnel who are able to achieve employment and work in positive work environments. The latter must dampen the demand for the consumption of imported skilled workers through self-sufficiency in production. Unethical recruitment practices must be curtailed. Official Development Assistance (ODA) investments can play a critical role by earmarking significant external support for pre-service education and creating a healthy working environment in the poorest countries. Research will be essential for improving understanding and to support policy dialogue on these complex and politically contentious phenomenae.

Working together

In the same way that human resources represent the cement of the health system, essential for holding the various components together, coordinated action addressing the HRH crisis can effectively link and strengthen joint work between existing global initiatives. HRH provides a common unifying theme. Addressing the crisis in HRH requires a modality to accelerate more effective action − for without greater cohesion there are real risks of fragmentation, competition, duplication, and insufficiency. There are already signs among the many new starts of independent initiatives, often donor driven, that are neither well aligned with country priorities nor the investment policies of others.

Extensive consultations over the past year have emphatically endorsed the imperative of stronger cooperation to pursue a "country-led framework" for accelerating national planning and management. As an underdeveloped, multisectoral field beyond the purview of any single actor, a global platform is necessary to bring together stakeholders for HRH promotion, learning, policy dialogue, and programme collaboration. A cooperative alliance should aim at strengthening national action while promoting political commitment, within countries and globally, all benefiting from the global public good of better management of HRH knowledge, labour markets, and fiscal policies.

The goal of a stakeholder alliance is to advance global health equity through overcoming workforce constraints and capitalizing on the power of workers to accelerate health progress. A platform would not be a new, independent global entity, but rather the consolidation of actors already working together in support of country and regional activities − filling in obvious gaps falling between the global institutional architecture. The platform would be the political articulation of global commitment to address an issue which is, in part, the product of global labour market failures. The political imperative is to ensure that stated commitments to ensure that globalization works for the poor are translated into effective action. The alliance is the network of actors who will support and take forward this political priority.

The alliance should be a mission-driven, 10-year time-limited partnership of key stakeholders aimed at strengthening health systems and priority programmes. Guided by a small group of leaders, the alliance would be operationalized by an agile staff hosted in an existing organization. The alliance would be open to and inclusive of major stakeholders – governments, academia, educational institutions, NGOs, and professional bodies. Its primary functions should be global promotion and learning and catalytic seed support to countries through small grants linked to technical support. More specific activities would include fact finding, sharing of information and knowledge, advocacy, coordination, monitoring and evaluation, and support to country work. All these activities would aim to strengthen systems development, harmonization, and aid effectiveness. Acting as a broker and catalyst, the alliance will not build itself but rather strengthen the capacity of its membership. Ad hoc task forces, situated in membership bases, will be mandated to tackle key challenges like international migration, fiscal space, and knowledge priorities.

Launching the vision and mission

Of the several themes addressed by the High-Level Forum, few have been as consistently and energetically vetted and supported as the crisis in HRH. Growing activities, demand, and momentum from the countries themselves escalating upwards to the regions and globally underscore the unique "window of opportunity" for timely, coherent, and effective action now. Driven by country-led and country-based processes, global and regional reinforcement can help realize the vision of universal access to essential services where every person – irrespective of nationality, race, gender, income, religion, and ethnicity − has access to a motivated, skilled, supported health worker equipped to help people to realize their full health potential.

TWG and the stakeholder alliance will be part of a global plan of action embedded in a global social movement on HRH. Crystallized in the upcoming World Health Report 2006 on HRH (complemented by World Health Day and the World Health Assembly of 2006), a decade of sustained action on HRH to strengthen health systems and global initiatives will be necessary to move the vision to reality.

In pursuit of the vision and mission will be a global plan of action. Several specific deliverables should be targeted over the coming 1-2 years:

- At least a dozen countries with sound national strategic HRH plans under implementation and harmonized with stakeholders and allied activities.
- Global focal point for information, knowledge, exchange and sharing of lessons learned.
- Open global forum, probably biennially, for all HRH stakeholders to report on progress, share lessons, strengthen cooperation, and create a community of HRH practice.
- Promotion and advocacy so that HRH retains high political visibility and funding priority.
- Networking and promotion of engagement among Southern and Northern leaders in some key domains like medical migration and fiscal space.
- Mobilizing around the global platform, as the basis for harmonized international action to energize the World Health Report 2006 and champion an agenda for an HRH decade of action 2006-2015.

Annex A

Transitional working group

Members

Eric Buch	NEPAD
Kathy Cahill	Gates Foundation
Lincoln Chen	WHO Special Envoy
Manuel Dayrit	WHO
Tim Evans	WHO
Anwar Islam/Louise Holt	CIDA Canada
Sigrun Mogedal	NORAD, Norway
Francis Omaswa	WHO Special Adviser/ TWG Secretariat
Judith Oulton	International Council of Nurses
George Schieber/Agnes Soucat	World Bank
Neil Squires	European Commission
Suwit Wibulpolprasert	Ministry of Public Health, Thailand

Goals and objectives

The goal of TWG is to strengthen human resources for health (HRH) to enhance the performance of health systems accelerating achievements towards national and global health goals. The objectives are:

1) to promote urgent HRH addressing critical gaps and emerging opportunities
2) to consult, design, and formulate options for a global common platform for action

Activities

- Communicate, promote, and advocate for HRH
- Share and disseminate information
- Convene, consult, and bring together key HRH stakeholders
- Facilitate the HRH work of stakeholders through commissioning of studies, creating of task forces, contracting partners
- Establish a base of operations in support of the activities

Consultations in 2005

- April in Divonne, France
- May in Geneva, Switzerland
- July in Brazzaville, Congo
- August in Bangkok, Thailand
- October in Toronto, Canada

Basic parameters

- Interim one-year operation will be based in WHO/Geneva
- Closure in one year or before if successor entity is launched
- One-year plan and budget developed May 2005 – April 2006
- Estimated budget of $1.5 million partially financed by bilateral donors

Annex B

Timeline of major events[1]

Year	Month	Place	Event
2004			
	January	Geneva	HLF
	May	Geneva	World Health Assembly resolution
	November	Mexico	*Joint Learning Initiative Report*
	December	Abuja	HLF
2005			
	January	Abuja	African Union Heads of State Summit
	February	Oslo	*Oslo Consultation*
	April	World	*Transitional Working Group formation*
	May	Geneva	World Health Assembly resolution
	June	London	Africa Commission Report
	June	Gleneagles	G8 Summit
	July	Brazzaville	*African stakeholder consultation*
	August	Bangkok	*Asian HRH network*
	August	Maputo	African regional ministers of health
	September	New York	UN Summit
	October	London	African Partnership
	October	Toronto	*PAHO/WHO HRH Observatory*
	October	Gaborone	African Union Ministers of Health
	November	Paris	HLF
2006			
	April	World	*World Health Report/World Health Day*
	May	Geneva	World Health Assembly

[1] Italicized are events that focused exclusively on HRH.

Annex C

Examples of response to human resources development challenges on the African continent in 2005

Supporting the development of human resources for priority disease programmes

Using findings of an interregional study on service delivery models for scaling up access to antiretroviral care in Africa and Asia[1], WHO country/region and headquarters HRH and HIV/staff supported **Botswana** in identifying ways to increase access to human resources throughout the existing service provider community.

Working with UN system partners and civil society for strengthening HR development

At the same time, the need for creating a new long-term HR development plan for Botswana was responded to. The initial roll-out plan was presented to local UN agency group. UNDP's Southern Africa Capacity Initiative joined in and provided substantial financial support for completion of the plan in 2005.

WHO and Management Sciences for Health undertook a joint "Human Capacity Development Assessment and Strategy Development for the Health Sector in Mozambique". The report was submitted to government in early 2005. It will help direct the implementation of the new HR development plan.

Ongoing country HR development support from regional and headquarters levels to countries

In **Mozambique and Swaziland**, WHO staff developed the process for creating new HR development plans, including the response to the HIV crisis. An education sector capacity assessment was undertaken in Malawi.

Translating research findings into proposal components for priority diseases

In April 2005, **Malawi** requested support for the preparation of the health systems/human resources strengthening GFATM Round 5 proposal. WHO headquarters and intercountry staff joined with national colleagues from various departments, ministries and civil society. Experience gained from the interregional study on service delivery models for scaling up access to HIV services was built upon.

GFATM Technical Review Panel Assessment

- *This is an exciting proposal whose success will be closely watched by others within the region as it could make a significant contribution to the underlying structural difficulties preventing an adequate response to AIDS, tuberculosis and malaria.*
- *The plans for the health sector and the human resources within it have been developed with wide ranging inputs and detailed outputs – this proposal serves to fill some of the gaps in order to turn the plans into action.*
- *The link to the specific diseases supported through the GFATM is well articulated.*
- *The proposal addresses both the immediate need to deliver services but also the longer term need to build capacity to train the next generations of workers.*
- *The proposal will greatly support implementation of the existing grants for HIV and malaria.*

GFATM Executive Board decision

The Executive Board Meeting of the GFTAM held in Geneva in October 2005 awarded funding of US$ 65 million over the coming five years.

HUMAN RESOURCES DEVELOPMENTS IN WHO/AFRICAN REGION IN 2004 AND 2005
HIGHLIGHTS OF ACHIEVEMENTS

Activity	Countries - Institutions	Outcomes
• Supported development of situation analysis on HRH • Development of motivation and incentive plan	Burkina Faso	Situation analysis Plan available Incentive and motivation plan available
• Supported in depth situation analysis for HRH and development of an emergency plan for HRH	Botswana	Situation analysis plan available Emergency HRH plan available
• Situation analysis of HRH • Finalization and adoption of its HRH policy and plan	Cape Verde	Situation analysis plan available HRH policy and plan available
• Development of HRH plan	Central Africa Republic	HRH plan available
• Supported external evaluation of college of medicine	Chad	Report available
• Pedagogic training of trainers of faculty of nursing and midwifery	Comoros0000000	Reports available
• Pedagogic training of trainers of faculty of health sciences	CONGO (Brazzaville)	Trainers more able to design and implant training sessions
• Situation analysis on HRH	Ethiopia	Situation analysis plan available
• Supported two nursing and midwifery leaders in how to conduct internal and external evaluations of nursing and midwifery training and programmes in order to improve maternal and child health	Guinea	Collaborative activity with JHPIEGO and Division of Reproductive and Family Health and is ongoing
• Supported two nursing and midwifery leaders in how to conduct internal and external evaluations of nursing and midwifery training and programmes in order to improve maternal and child health	Gambia	Collaborative activity with JHPIEGO and Division of Reproductive and Family Health and is ongoing
• Reviewed nursing and midwifery training and programmes • Supported one nursing and midwifery leader in how to conduct internal and external evaluations of nursing and midwifery training and programmes in order to improve maternal and child health	Ghana	Report available Collaborative activity with JHPIEGO and Division of Reproductive and Family Health and is ongoing
• Supported two nursing and midwifery leaders in how to conduct internal and external evaluations of nursing and midwifery training and programmes in order to improve maternal and child health	Liberia	Collaborative activity with JHPIEGO and Division of Reproductive and Family Health and is ongoing
• Supported situation analysis of HRH • Review of pre-service nursing and midwifery; medical and health sciences training and programmes • Documentation of promising practice in community-oriented curriculum for medical education • Supported three nursing and midwifery leaders in how to conduct internal and external evaluations of nursing and midwifery training and programmes in order to improve maternal and child health	Malawi	Situation analysis reports available Evaluation reports available Report available Collaborative activity with JHPIEGO and Division of Reproductive and Family Health and is ongoing

Activity	Countries - Institutions	Outcomes
• Supported situation analysis of HRH	Mali	Situation analysis report available
• Supported situation analysis of HRH	Mauritania	Situation analysis report available
• Supported in designing the HRH system	Mauritius	Part of the reform process which are ongoing in the country
• Supported drafting of HRH plan	Mozambique	HRH draft plan available
• Documented innovative approaches and promising practices in management of health workforce	Namibia	Collaborative activity with SARA and Capacity Building projects. Report available
• Supported situation analysis of HRH	Niger	Situation analysis report available
• Supported two nursing and midwifery leaders in how to conduct internal and external evaluations of nursing and midwifery training and programmes in order to improve maternal and child health	Nigeria	Collaborative activity with JHPIEGO and Division of Reproductive and Family Health and is ongoing
• Trained nurses and midwives in pedagogics • Trained post graduate students in anaesthesiology • Reviewed one nursing and midwifery training and programme in Kigali	Rwanda	Reports available
• Supported two nursing and midwifery leaders in how to conduct internal and external evaluations of nursing and midwifery training and programmes	Sierra Leone	Activity ongoing
• Reviewed nursing and midwifery training and programme of one institution (Kwazulu Natal)	South Africa	Draft report available
• Situation analysis of HRH and development of a draft HRH Policy	Swaziland	Documents available in Swaziland
• Drafting of HRH plan • Reviewed one nursing and midwifery training and programmes (Muhimbili) • Documented promising practices on utilization of Assistant Medical Officers and Clinical Officers • Supported three nursing and midwifery leaders in how to conduct internal and external evaluations of nursing and midwifery training and programmes	Tanzania	Data available for reforms
• Documented promising practices on reversing the internal migration of health workers from private to public sector	Uganda	Report available
• Supported to propose a new structure of HRH department and some follow-up steps to reviewing the HRH policy and strategy	Zimbabwe	Report available
• Collection of data on HRH	From all 46 Member States	To assist countries with evidence based decision-making on HRH and to contribute towards establishment of HRH Observatory

Activity	Countries - Institutions	Outcomes
ADDITIONAL ACTIVITES NOT COUNTRY SPECIFIC		
• Development of Strategy paper in collaboration with HQ on HRH crisis in Africa for the Second High-Level Forum (HLF) for the Millennium Development Goals (MGDs) in 2004 which discussed the critical shortage of HRH and urged for rapid action to address the crisis		
• AFRO actively participated in the HRH Global Consultation in Oslo in February 2005 which endorsed the need for coherent response to the HRH crisis among other things		Reports available
• AFRO organized and implemented AFRO/HQ Internal Consultation Meeting in Brazzaville, Congo from 21-31 March 2005 as a follow-up to the above meetings. The aim of the meeting was to explore ways of taking the HRH agenda forward in the African region and to agree on a joint plan of work with HQ		Report available
• Regional Consultative Meeting jointly hosted by WHO, New Partnership for African Development (NEPAD) and ACOSHED in Brazzaville in July 2005 to discuss appropriate ways and means to increase collaboration and harmonize support to countries so as to facilitate the development of HRH at country level		Report available
• A Consultative Meeting for deans of colleges of medicine from 33 countries was organized in Brazzaville, Congo form 27-30 September 2005 to discuss ways of strengthening the role of colleges of medicine in production of health workers in the WHO African region		Draft report available
• Advocacy activities on migration of health workers. Focus in this area has been on a number of advocacy activities through making a case in a number of international (Geneva, June 2004) and Regional Global Commission of International Migration (February 2005) and the contribution to the AU Migration Policy Framework document in April 2004. Members States were briefed through progress reports presented at the World Health Assembly in Geneva (May 2005) and the Regional Committee Meeting in Maputo (August 2005). Joint activities with HQ, IOM on monitoring the trends on migration of health workers and interactions with the Diaspora organizations (Cape Verde, Guinea Bissau) are ongoing.		Relevant documents available