

The Global Health Workforce Crisis and the 2009 G8 Summit (La Maddalena, Italy): Recommendations from the Health Workforce Advocacy Initiative

The G8 should take the measures and provide the funding necessary to ensure that the MDGs are achieved and that countries can provide comprehensive primary health care for all. To achieve these goals and help developing countries develop strong, integrated health systems that will significantly improve health outcomes, the Health Workforce Advocacy Initiative (HWAI) calls upon the G8 members to build upon their 2008 commitments on health workforce strengthening in 2009 by:

Fully implementing the Kampala Declaration and Agenda for Global Action adopted in March 2008 at the First Global Forum on Human Resources for Health

Supporting robust health workforce plans and providing needed funding

- **Developing robust health workforce plans**

Create a strategy to enable developing countries where health worker shortages, inequities, mismanagement, and other deficiencies are obstacles to achieving the MDGs and other health goals to develop, and to fully implement, robust health workforce plans.

- Robust plans are: 1) needs-based, including being designed to achieve the MDGs and comprehensive primary health care for all; 2) grounded in human rights principles, including equity and accountability; 3) comprehensive in addressing all aspects of the health workforce, including building the capacity to carry out the plan and effectively utilize the health workforce; 4) informed by evidence; 5) linked to and integrated with overall national health strategies, and; 6) costed (budgeted) and with a plan of action for implementation.
- The G8 should ensure that these plans have been developed by the end of 2010 for, at the least, the 57 countries with the most severe shortages¹ as well as other African countries that are not among these 57.
 - These plans must be developed and implemented on an urgent basis to make progress and achieve the MDGs. The African Union itself has the goal that all of its members will have such plans developed by 2010.²
 - The G8 should commit to working with developing countries and other development partners to produce a coordinated strategy so that **all** countries have necessary support to develop and fully implement their plans.

- **Funding commitments**

Immediately provide funding – and commit to the resources required in the coming years – to cover resource gaps for health workforce plans that countries have already developed to enable these plans to be fully implemented through funding from G8 countries, other development partners, and increased domestic health financing. The G8 should work with the Global Health Workforce Alliance to identify these countries.

- The G8 should commit to at least a new \$4 billion in health workforce strengthening by end 2010, followed by additional, long-term financing. This figure is based on WHO and GHWA Education Task Force/World Bank estimates of resource requirements for sub-Saharan Africa,³ the G8 share of gross national income of high-income countries, and assumptions about domestic financing in Africa.⁴

¹ These are the countries that WHO identified as having critical shortages in its *2006 World Health Report*.

² The Africa Health Strategy Implementation Plan: Four-Year Plan for Implementation (2007/8-2010/11) of the Africa Health Strategy 2007-2015, at 17. Adopted at the Special Session of the African Union Conference of Ministers of Health, Geneva, Switzerland, May 18, 2008. Available at: <http://www.africa-union.org/root/ua/Conferences/2008/MAI/SA/17mai/Africa%20Health%20Strategy%20Implement%20Plan.doc>.

³ WHO is presently working on updated estimates for the High-Level Task Force on Innovative International Financing for Health Systems; this should be complete before the 2009 G8 Summit.

⁴ For more information on this estimate, please contact Eric Friedman, Physicians for Human Rights/Health Workforce Advocacy Initiative (efriedman@phrusa.org). The G8 share of new health worker investments needed in sub-Saharan Africa would reach an annual \$8.9 billion in 2015.

- WHO has estimated that to achieve 2.3 doctors, nurses, and midwives per 1,000 population by 2015 will require an annual \$7.5 billion in additional funds by 2010 and \$14.6 billion by 2015 in Africa alone (including by doubling salaries to improve retention).⁵
 - With World Bank support, the Global Health Workforce Alliance's Scaling Up Education and Training Task Force estimated that a new \$26.4 billion is needed over the next ten years, in addition to investments in infrastructure, for pre-service education in sub-Saharan Africa to fill that region's gap of 1.5 million health workers.⁶
 - The G8 should commit to ensuring that no sound health workforce plan will fail to be fully implemented for lack of funding.
- **Prioritization of technical and financial support**
Prioritize within aid programs and modalities for global health, such as IHP+ and PEPFAR, technical and financial support to developing countries in developing, strengthening, fully implementing, and carefully monitoring these plans. Also use these global health initiatives to facilitate exchanges of information and experiences to increase efficiency and efficacy.
 - **Total health workforce need**
Ensure that countries with severe health worker shortages are able to train and retain at least the 4.3 million additional health workers required by 2015 to meet the MDGs.
 - The G8 should further commit to ensuring that countries have at least 4.1 health workers per 1,000 population by 2015, requiring a massive scale-up of paid community-level, mid-level, and more highly skilled health workers, as well as managers. In making this commitment, the G8 should be clear that this target is meant to be inclusive of the broad range of health workers required to improve health outcomes and meet need, and does not minimize the need for professionals, who were the implicit focus of the G8's 2008 commitment on 2.3 health workers per 1,000 population.⁷
 - **Macroeconomic policies**
Commit to leveraging the IMF to ensure its policies do not impede increased health and education spending – including spending on the health workforce – and that they are consistent with increased domestic and external investments required to achieve the MDGs and comprehensive primary health care for all. The G8 should ensure that IMF country missions meaningfully engage all stakeholders, including civil society, and explore a range of policy options.

Improving G8's own health workforce information and accountability

- **Collecting, monitoring, evaluating and sharing information**
Enhance efforts to collect, monitor, evaluate, and share information on G8's investments in the health workforce, and feed this information into the follow-up mechanism committed to in 2008.
 - Matrices should include:
 - progress towards at least 2.3 doctors, nurses, and midwives per 1,000 population and 4.1 health workers per 1,000 population;

⁵ This annual breakdown of costing requirements was produced by WHO in 2007 (unpublished) and is on file with Eric Friedman. These figures are based on methodology used in: World Health Organization, *World Health Report 2006* (2006), at 13-14. Available at: http://www.who.int/whr/2006/06_chap1_en.pdf. This methodology is described in: Paul Verboom, Tessa Tan-Torres Edejer & David Evans (WHO), *The costs of eliminating critical shortages in human resources for health* (2006). Available at: http://www.who.int/choice/publications/d_human_resources.pdf.

⁶ Task Force for Scaling Up Education and Training for Health Workers, Global Health Workforce Alliance, *Scaling Up, Saving Lives* (2008), at 77. Available at: http://www.who.int/workforcealliance/documents/Global_Health%20FINAL%20REPORT.pdf.

⁷ While the 2008 G8 communiqué referred to "the WHO threshold of 2.3 health workers per 1000 people," the minimum threshold of 2.3 that WHO calculated is specifically for the density of doctors, nurses, and midwives; other categories of health workers would be in addition to this number.

- how many countries have robust health workforce plans and whether they have sufficient funding to fully implement them;
 - G8 investments in health workforce in developing countries, if possible including breakdown for key categories in which donors have traditionally underinvested, such as pre-service education and salaries and incentives, and;
 - health workforce equity measures (e.g., rural/urban breakdown).
 - GHWA is developing indicators that could feed into the G8 matrices and accountability process.
- **Follow-up accountability mechanism**
Use the follow-up mechanism not only to track global health investments, but also to monitor progress on meeting commitments and to ensure that the G8 remains on-track to achieve commitments. When current progress is insufficient, the G8 should use this mechanism to develop strategies to accelerate progress in order to meet commitments.

Addressing Health Worker Migration

- **Code on international recruitment of health personnel**
Support development of a WHO code of practice on international recruitment of health personnel that will respect and protect the rights of health worker migrants and the right to migrate, and will also respect and promote the right to the highest attainable standard of health. All destination countries, including G8 countries, must respect and fulfill right to health obligations. These relate to the impact of their recruitment practices on health in developing countries and to their financial and technical assistance to strengthen health systems and support retention in shortage stricken countries.
- **Increasing number of domestically-educated health professionals**
Accelerate efforts to address domestic shortages of health workers in G8 countries by increasing production of domestically-educated health professionals and improving retention, including through policies that ensure health workers' decent terms of employment and working conditions.

About the Health Workforce Advocacy Initiative: The Health Workforce Advocacy Initiative (HWAI) is a civil society-led network affiliated with the Global Health Workforce Alliance. HWAI engages in evidence-based advocacy with the goal of enabling everyone to access skilled, motivated, and supported health workers who are part of well-functioning health systems. Steering Committee members include international, regional, and national civil society organizations, such as AMREF, the African Council for Sustainable Health Development, the International Council of Nurses, and Public Services International, which represents more than 7 million health workers in 154 countries. HWAI is chaired by Physicians for Human Rights.

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