Human resources for global health: time for action is now

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Over several decades, a global health-workforce crisis has developed before our eyes. The crisis is characterised by widespread global shortages, maldistribution of personnel within and between countries, migration of local health workers, and poor working conditions.[1]

The factors that led to this crisis include increased demand for care in developed countries with ageing populations, an upsurge of new and old pandemics in low-income countries with poorly performing economies, and neglect. Counterproductive and poorly administered solutions, such as bans and across-the-board ceilings on recruitment, have aggravated these factors.[2]

The issues surrounding human resources for health are complex, cross-sectoral, and long-term, and involve many individuals and groups at all levels. No entity can address all these issues alone. With political momentum generated by resolutions at three consecutive World Health Assemblies[3-5] and with evidence presented by the Joint Learning Initiative,[2] the *World Health Report 2006*,[1] and the proceedings of the High Level Forum on health-related Millennium Development Goals,[6] the Global Health Workforce Alliance (GHWA) was created in May, 2006, as a common platform for joint action.[7]

GHWA's vision is captured in the words of late WHO Director-General J W Lee, who stated that "every person, in every village, everywhere should have access to a skilled, motivated and supported health worker".[1] To achieve this goal, GHWA is operating in two strategic directions: accelerating action in countries and addressing global constraints that impede country-level action.

In its 2-year lifespan, GHWA has developed programmes and guidelines that enable countries to plan and manage health-workforce issues.[8-10] Task forces have been set up to advise on advocacy, workforce education, training, management, migration and retention of staff, universal access to HIV prevention and treatment, and the role of the private sector.

GHWA has convened the first-ever Global Forum on Human Resources for Health, which takes place in Kampala, Uganda, March 2–7, 2008.[11] This forum hopes to build knowledge, networks, and consensus for health-workforce action.

Global leaders, experts, civil leaders, ministers of health, finance, education, and public service, health workers, managers, and researchers will come together for the first time to strengthen their commitment to GHWA's vision and goals, share ideas, knowledge, and experiences, and keep the health-workforce crisis high on the global agenda.

The Forum meshes well with current movements to revitalise primary health care on the 60th anniversary of the formation of WHO, 30 years after the Declaration of Alma-Ata on Health for All, and at the midpoint of the Millennium Development Goals. The Forum promises to be an exciting and critical event for re-energising the drive for better health in the 21st century. It is a unique opportunity for the community involved in human resources for health to come together, build a solid and motivated global movement, and propel each other forward.

As an instrument for building consensus around health-workforce action, the Forum will be the launch pad for the Global Action Plan for Human Resources for Health. This plan will be the roadmap that will guide action over the coming decade. With incorporation of previously adopted declarations and commitments from around the world, the plan will present the key steps needed to ensure

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Young girl weighed at field clinic in Central African Republic, which has fewer than 100 doctors for population of almost 4 million

coordinated and evidence-based action to address the crisis. It will set clear targets for countries, the international community, civil society, and health workers so that progress can be monitored and everyone held mutually accountable. The Global Action Plan will thus serve as the yardstick that has been needed for decades. GHWA will monitor the implementation of the Global Action Plan and will report back regularly on progress.

Partnership will be crucial to success. The only way forward is to work together—north and south, east and west, rich and poor. We are all part of the solution to this crisis. Our vision and mission are to ensure that every person will have access to skilled, motivated, and supported health workers within robust health systems. In Kampala, the stage is set; the world is ready; the time for action is now.

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I declare that I have no conflict of interest.

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Human resources for health in fragile states


Merlin

Human resources are crucial for a functioning health system. The global shortage of health workers is evident in many developing countries, especially in fragile states—countries whose governments, for various reasons, cannot or will not deliver core functions to most of the population.[1] Building and retaining a skilled and motivated health workforce is particularly challenging in settings where staff might be under extreme pressure (eg, during conflicts, long-term underinvestment in the health sector, and the HIV/AIDS epidemic). Furthermore, for health professionals, there are growing opportunities that encourage movement from fragile states to search for better professional and economic environments. The results are shortages of health staff and an inability to provide even basic health care.[2]

In many fragile states, the health workforce needs urgent support in the short term. In Liberia, an Interagency Health Evaluation in 2005, found that conflict had reduced the number of doctors in the country from 237 before the war to fewer than 20.[3] Donors and international agencies have had a role in supporting fragile states through the deployment of international staff, including medical and other health professionals and management specialists. They have also provided support to health staff still working within the national public-health system through the payment of salary incentives and training and mentoring programmes. However, building a health workforce for the future requires not only these short-term inputs but also a long-term vision for health-sector recovery and the human resources to support it (Roberts J, Merlin, London, UK, personal communication). In many countries, human-resource development strategies and plans are either non-existent or over-ambitious in view of the weaknesses in the existing structures and workforce and the lack of financial investment.

Merlin's experience of working in fragile states has shown that a living wage for the health workforce is a prerequisite for improvement in performance as well as recruitment and retention. Furthermore, efforts are needed to establish performance-management systems, to support promotion based on merit, and to provide wider opportunities for professional development. However, these efforts must be accompanied by measures to restructure the workforce (in some cases