

## ***From Kampala to Bangkok: Reviewing Progress, Renewing Commitments***

### **Outcome Statement of the Second Global Forum on Human Resources for Health**

Bangkok, 27-29 January 2011

The Second Global Forum on Human Resources for Health (HRH) in Bangkok reviewed progress and renewed the commitment to strengthening the global health workforce, restating that a robust health workforce is a core element of health systems in all countries, and critical to achieving the Millennium Development Goals (MDGs) and Universal Health Coverage, with the vision that :

*All people, everywhere, shall have access to a skilled, motivated and supported health worker within a robust health system.*

Key advances in health workforce development have occurred over the past three years since the First Global Forum in Kampala. The adoption of the WHO Global Code of Practice in 2010 on the International Recruitment of Health Personnel (the Code) was a major achievement. The 2010 proceedings of the United Nations High Level Summit on the MDGs, the launch of the Global Strategy for Women's and Children's Health, the European Union Global Health Strategy, the African Union Summit, and other events have added momentum to health workforce development.

The Global Strategy for Women's and Children's Health states that an additional 2.6 to 3.5 million healthcare workers would contribute significantly to the lowest-income countries reaching MDGs 4 and 5. Requirements to achieve universal health coverage in a wider range of countries would be higher. The progress report on the Kampala Declaration and Agenda for Global Action demonstrates some advances, as well as challenges requiring increased attention, in the priority countries most affected by health workforce challenges. The upcoming UN General Assembly sessions on HIV/AIDS and on Non-Communicable Diseases will provide further opportunities to highlight the vital role of health workers.

The participants of the Second Global Forum reiterate the principles of the Kampala Declaration and the Code as instruments for alignment and accountability at global, regional, national and local levels, and call upon all stakeholders to accelerate implementation in a comprehensive manner.

### **Major gaps must be addressed**

**Supply of health workers** In many countries, particularly in Africa and complex emergency settings around the world, education and training capacity has to increase to match the growing demand for health personnel. Although supply is not a constraint everywhere, countries with shortages are encouraged to exploit the full range of public policies, including inter-country collaboration, that influence supply of and demand for the labour force, enhance pre-service training through the adoption of emerging best practices, and ensure that poor and marginalized people get equitable access to quality services.

**Reliable and updated information** There is a need for strong national capacity in all countries to regularly collect, collate, analyze and share data to inform policymaking, planning, and management. New benchmarks, beyond the density of physicians, nurses and midwives, will be required. Attention should be paid to aspects such as geographic distribution, retention, gender balance, minimum standards, competency frameworks, and reflect the diverse composition of the health workforce.

### **More attention to prerequisites for success**

**Leadership** Leadership by all state and non-state actors at global, regional, national and local levels is required to focus action on the health workforce. An "all of government" response is essential to ensure

coherent policies across sectors. The capability to plan and manage the health workforce should be enhanced, as relevant to the local context.

**Collaboration and mutual accountability** National health workforce coordination mechanisms should be established to foster synergies among stakeholders. These mechanisms, such as the Country Coordination and Facilitation approach, should build on existing frameworks and processes, and foster inclusive communities of purpose where best practices are shared. It will be important that HRH plans and budgets are linked with national health strategies, policies and plans. At the same time there is need for mutual support and accountability between different stakeholders, and between policy makers, service providers and the people.

**Distribution and retention** Suitable policies and strategies should be adopted to attract and retain health workers with appropriate skills mix in rural and other under-served areas, including the deployment of community-based and mid-level health providers. As relevant to country context, strategies may include tailoring education to practice in rural areas, financial and non-financial incentives, regulation, personal and professional support, career development, improvements in rural infrastructure, and partnerships between the public and private sectors.

**Performance and quality** The quality of services should improve through accreditation and compliance with appropriate national standards for educational institutions and individual health workers, in both the public and private sector. Performance and productivity will also be enhanced through the establishment of cohesive interdisciplinary care teams with effective supervision; competency-based curricula, reinforced through in-service training; enabling practice environments, including fair remuneration, appropriate incentives, access to necessary resources, and prevention of professional hazards; and supportive management practices.

**Effective and functioning regulation** Appropriate and flexible regulation, responsive to an evolving policy environment, and tailored to the national health system context, will ensure the quality and safety of care. The specific challenges of international migration should be addressed by putting in place the necessary regulatory, governance and information mechanisms, according to the provisions of the Code.

## **Invest for results**

An adequate level of funding for health workforce development must be ensured through a combination of domestic and international resources. External contributions must be additional and complementary to domestic funding. Concerted action is required by development partners, global health initiatives and international agencies to provide predictable, long-term and flexible support, aligned to country priorities and national health plans. This will need to allow for investment in pre-service education, remuneration and improvement of working conditions of health personnel. Macro-economic policies that constrain investments in the health workforce should be addressed. The impact of investments could be maximised by supporting national efforts to establish robust health financing mechanisms for universal coverage. This should include closer links between resource allocation and needs, and support to community-based service provision as a key component of the health system. Better financial management mechanisms will foster accountability, and improve equity and efficiency.

The forum reviewed progress and exchanged experiences. It renewed the commitment to the Kampala Declaration and the Agenda for Global Action.

The task now is to take the momentum from Bangkok out into the wider world: to move together, from commitment into action, to translate resolution into results, and ensure that every person, wherever they are and wherever they live, has access to a health worker.