

of whom more than 40 have made concrete financial, policy, and technical commitments in less than a year. Second, Every Woman, Every Child is a multistakeholder strategy in which public sector, private sector, non-governmental organisations, academia, professional groups, and the UN are all included, engaged, and making explicit commitments. Third, the active participation of parliamentary groups with democratising technologies provides strong links to local political processes. Fourth, a strong culture of accountability is being fostered through an Accountability Commission that in less than a year developed a series of bold recommendations that are now being implemented. Fifth, innovation is given very high priority, especially through public-private cooperation facilitated by its Innovation Working Group.

To facilitate these developments governments need to develop well-regulated conditions for local and global entrepreneurs' innovative zeal to be constructively unleashed. Appropriate marketplaces where individuals from different constituencies can meet virtually and sometimes physically, nationally,

and globally will be needed. A network of knowledge-generating centres, often university based, will be an important component.

At this transformational time, we have an unprecedented opportunity through innovation to foster true global development to make the world a better, healthier, secure, and prosperous place through the participation and contributions of its most marginalised people.

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Commitment and action to boost health workforce

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The pivotal role of health workers in enabling countries to scale up access to health services and progress to achieve the health Millennium Development Goals (MDGs) has long been recognised.^{1,2} In 2006, the *World Health Report* drew attention to the global health workforce crisis and its dramatic impact in 57 priority countries affected by severe shortages, inequitable distribution, poor motivation, and uneven performance of health workers, which hindered delivery of essential health services.³

This was followed, in 2008, by the first-ever Global Forum on Human Resources for Health, convened by the Global Health Workforce Alliance, in Kampala, Uganda. The Forum resulted in the adoption of the Kampala Declaration and Agenda for Global Action, an ambitious roadmap for global, national, and local action to resolve the health workforce crisis.⁴

Almost 3 years on, the Second Global Forum on Human Resources for Health is set to take place in Bangkok, Thailand, on Jan 25–29. Bringing together more than 1000 leaders and experts from ministries,

development agencies, civil society, academia, professional associations, and the health-service sector, the meeting will review progress since 2008 and keep the issue of the health workforce high on global and national agendas. Nevertheless, participants face a sobering reality: in 2011, an estimated one billion people worldwide, mostly in remote settings, still live their entire lives without getting basic health care from a skilled health worker.

At the global policy level, the need to strengthen the health workforce was highlighted as a precondition to improve health outcomes by nearly every health and development event in the past few years, from G8 and African Union summits to international conferences on AIDS and on maternal, newborn, and child health. In 2009, a High Level Taskforce on International Financing for Health Systems identified once again the health workforce as an area requiring critical attention, and called for about a quarter of the additional health investments required to be devoted to workforce development.⁵

More recently, WHO succeeded in brokering the adoption of a code of practice on international recruitment of health personnel,⁶ an important milestone in tackling the challenge of the international brain drain. Many low-income and middle-income countries pledged to boost health workforce development in the context of the UN Secretary-General's Global Strategy for Women's and Children's Health.⁷

The dialogue has also forged ahead on a more technical level. New evidence is emerging on the positive potential of community-based and mid-level health workers to improve access to good-quality health services.^{8,9} Evidence-based guidance is now available on rural retention of health workers¹⁰ and some aspects of task-shifting,¹¹ in which duties traditionally done by doctors and nurses are delegated to other categories of health worker. Also, a high-level commission has recently identified the future directions of health workers' education.¹²

The Second Global Forum on Human Resources for Health will provide a venue for all stakeholders to take stock of all these developments, share experiences, review progress together, and hold one another accountable. To contribute to an evidence-informed dialogue, the Alliance has done a study to track the health workforce policy and governance environment in 57 priority countries, whose findings will be launched at the conference.

This study points to both areas of progress and others that require increased attention. Although most countries reported having a strategic plan for health workforce development, only in less than half of cases was this also costed, a precondition to secure adequate financing and successful implementation. Similarly, while most countries collect some health workforce statistics, only a few track international migratory flows of health workers, a prerequisite to monitor implementation of WHO's code of practice on international recruitment of health personnel. The general picture is that progress is still uneven, both in relation to different areas of health workforce development and across and within countries.

At the turn of the first decade of the 21st century, health systems are progressively broadening their objectives towards universal health coverage, seeking to also enable access by the most disadvantaged segments of the population, and extending the range of services to



Jorgen Schytte/Still Pictures

be covered from the ones of relevance to the MDGs to include also non-communicable diseases.

While actions on the ground in some countries might be starting to make a difference, considerable work remains to be done to fully maximise the value of the Kampala Declaration and Global Agenda for Action. In global health, as in politics, promises are easily made but improving the health workforce is so fundamental that governments should hold themselves, and others, accountable. Turning these promises into reality for the hundreds of millions of men, women, and children whose lives remain at stake will take further bold and sustainable action, backed by substantial new investment.

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