The Third Global Forum: framing the health workforce agenda for universal health coverage

Despite encouraging progress towards the health targets of the Millennium Development Goals (MDGs)—including improved child mortality and coverage of antiretroviral treatment and malaria interventions—many health systems in low-income and middle-income countries face structural challenges.[1] Health workforce inadequacies are regarded as a major impediment, especially for maternal mortality targets.

The 2006 World Health Report[2] recognised that adequate human resources for health are needed to accelerate progress and sustain achievements in the context of the MDGs, and called for a decade of action on human resources for health: the launch of the Global Health Workforce Alliance (GHWA), the convening of two global forums on human resources for health (in 2008 and 2011), and the introduction in 2010 by the World Health Assembly of the WHO Global Code of Practice on International Recruitment of Health Personnel[3] are among the key milestones of this period, having bolstered political attention to human resources for health. As leaders worldwide embrace the broader aspiration of universal health coverage "based on an adequate, skilled, well-trained and motivated workforce",[4] a forward-looking human resources for health agenda to which countries and other stakeholders can commit and that is tailored to achieving this objective needs to be outlined.

Against this backdrop, GHWA, the Government of Brazil, WHO, and the Pan-American Health Organization are convening the Third Global Forum on human resources for health in Recife, Brazil, on Nov 10–13, 2013, under the theme "Human resources for health: foundation for universal health coverage and the post-2015 development agenda". The Forum represents an opportunity to take stock; findings from a joint GHWA and WHO report (to be launched in Brazil) show that all countries face the challenges of how to accelerate progress towards, attain, or sustain universal health coverage. For many countries, to secure a level of availability, distribution, and productivity of human resources for health compatible with the principles of universal health coverage (to expand population coverage and increase the health benefits package

and improve financial protection) seems daunting, if they continue moving along their present trajectories.[5] Furthermore, demographic trends, the growing burden of non-communicable diseases and long-term care, macroeconomic and fiscal constraints triggered by financial austerity, and a failure to introduce a systemic and long-term approach to understanding health labour markets and building a health workforce that is fit for purpose will make human resources for health challenges in high-income, middle-income, and low-income countries even more acute, rendering this a truly global challenge.

At the same time, a large body of knowledge exists on possible solutions: new evidence and norms on human resources for health planning,[6] education,[7] management,[8] retention,[9] and migration[10] can provide a basis for more effective action at national and international level. A theme issue of the November 2013 WHO Bulletin[11] focusing on human resources for

For more on the **Third Global Forum** see http://www.who.int/workforcealliance/forum/2013/en/index.html

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Panel: Universal health coverage needs a paradigm shift in human resources for health

- Move beyond an exclusive focus on availability (ie, numbers) of health workers to according equal importance to their accessibility, acceptability, quality,[12] and performance
- Move away from a static and dirigist approach to human resources for health planning, and towards more dynamic forecasting models, informed by labour market analyses, which recognise health-care systems (and the health workforce within them) as complex and adaptive entities
- Move beyond the tyranny of the average, as captured by national means, and towards an explicit targeting of the most disadvantaged segments of society, through equity-focused policy objectives and measures of progress
- Move away from training strategies dominated by transfer of clinical competencies, and towards a transformative education agenda enhancing the role of health workers as change agents in society[13]
- Move beyond regarding health workers merely as health-system inputs, and recognise that they are individuals responsive to positive and negative motivation factors, and who need supportive management and conducive practice environments
- Move from one-sector responses to a multisector response that places health and health equity at the centre of development, and health workforce improvement as an essential part of national, regional, and international efforts to improve the effective coverage of health services
- Move towards policy and policy implementation that addresses the fundamental disconnects between workforce supply and demand, through global solidarity and commitment to ensuring that all people—rich and poor—have access to a health worker and can obtain the quality services they need

health for universal health coverage, contributes to this evidence base, providing, among other topics, a policy framework and concrete examples of human resources for health development pathways that countries have successfully implemented; new evidence on effectiveness of and health-systems support for mid-level and community-based health workers; new data for domestic investments in human resources for health; and important analysis of experience to date in tackling retention and migration challenges.

Successful examples of innovation carry the promise of doing more with less in future: low-income and middle-income countries are incorporating leapfrogging technologies and service delivery innovations developed in high-income countries in their human resources for health education and care delivery models; and high-income countries can harness the frugal innovation approaches piloted in low-income settings, such as a more diverse and cost-effective skills mix. Universal health coverage needs a paradigm shift across several dimensions of human resources for health governance, development, and management (panel).

Most importantly, the key challenge is not insufficient evidence of effective interventions, but mobilisation of political will and financial resources for the contemporary human resources for health agenda. To encourage action in countries requires buy-in from different sectors and constituencies in society, an alignment that can only be made possible by committed national leadership and multistakeholder policies. To this end, the conveners of the Third Global Forum on human resources for health have invited countries and other stakeholders to make bold and measurable human resources for health commitments, to be formally introduced and announced at the Forum. These commitments are intended to reinforce the implementation of key global action plans, such as the Kampala Declaration and Agenda for Global Action adopted at the First Global Forum on human resources for health,[14] and of national human resources for health strategies and plans.

Universal health coverage, a key component of the post-2015 development agenda,[15] needs comprehensive health services that are responsive to people's needs to address the full range of promotion, prevention, treatment, rehabilitation, and palliation services. Given the centrality of the health workforce in this agenda, human resources for health commitments announced at the Forum will also serve as foundations for future collaboration and mutual accountability to accelerate progress towards the attainment, and sustainability of universal health coverage.

*Giorgio Cometto, Ties Boerma, James Campbell, Lola Dare, Tim Evans

Global Health Workforce Alliance (GC), Health Statistics and Information Systems (TB), World Health Organization, Geneva, Switzerland; ICS Integrare, Barcelona, Spain (JC), Centre for Health Sciences Training, Research and Development (CHESTRAD), Abuja, Nigeria (LD); and World Bank, Washington DC, USA (TE)
giorgiocometto@hotmail.com

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