

# High-level Dialogue on Health in the Post-2015 Development Agenda

Gaborone, 5-6 March 2013

The High-level Dialogue on Health in the Post-2015 Development Agenda is part of a United Nations led global conversation as to what development goals the global community should set after the 2015, the date set for achieving the Millennium Development Goals. The consultation, which will take place in Gaborone, Botswana, on March 5 and 6 2013, represents an important opportunity for policy dialogue. This builds on the growing momentum for universal health coverage (UHC) in the global health policy discourse in the recent few years, which has culminated in the adoption of the UN General Assembly Resolution in December last year and has continued with a WHO/World Bank ministerial meeting in February 2013, which recognized the health workforce as an important component in achieving UHC.

In the context of its new strategy, and in the lead up to the Third Global Forum on HRH, which will be held in Brazil in November 2013, and whose theme is “Human Resources for Health: foundation for Universal Health Coverage and the post-2015 development agenda”, the Global Health Workforce Alliance (GHWA) is following closely this debate.

We believe human resources for health represent the critical pathway towards the attainment of UHC, and that they should be at the core a future health development agenda. Evidence has shown time and again that improving service coverage and health outcomes, across different disease-specific priorities and throughout health systems in the world, is conditional on an adequate, equitably distributed, competent and well-supported health workforce. We hope that through this meeting, and future similar consultations, an adequate recognition will emerge of the centrality of HRH to UHC and to any post-2015 health development agenda.

In particular, we would like to emphasize the following:

- it is necessary to go beyond the perception of a crisis limited to 57 countries affected by numerical shortage: HRH challenges are prevalent in high-, low- and middle-income countries, and have multiple dimensions, including distribution, quality, competences, motivation and performance, in addition to sheer numbers. Recognizing this reality is a first step to ensure that the UHC and post-2015 agendas pay adequate attention to HRH challenges.
- A second step will be to translate this awareness into the formulation of specific benchmarks and indicators to track progress on HRH development; just like the MDG targets on HIV, or on maternal and child health, spurred attention and investments in the areas they referred to, a similar focus on HRH can serve as catalyst for much-needed resources and policy focus on this cross-cutting element of health systems, which represents an essential foundation for both current and future (e.g. NCDs) service delivery priorities.

We ask your support and contribution in ensuring that in the final outcome of the meeting a strong call emerges to:

- 1) recognize the critical nature of adequately addressing the multiple dimensions of the grand challenge which HRH represents for both developed and developing countries, and**
- 2) ensure that explicit benchmarks on HRH development are set as part of the UHC and, eventually, post-2015 agenda and its monitoring.**

To facilitate this dialogue, we have prepared a few key messages (attached), highlighting the centrality of HRH to the attainment of UHC. In the course of 2013 and in the lead-up to the Third Global Forum, GHWA will continue examining these issues in an attempt to specify in greater depth the HRH implications of UHC, and we'll work with our members and partners towards progressively building wide ownership around the required actions.

### About the Global Health Workforce Alliance:

*The Global Health Workforce Alliance, a multi-stakeholder, international partnership hosted by the World Health Organization, was formed out of the realization that HRH are the backbone of health systems. The Alliance's strategy for 2013-2016 highlights the need for revitalised attention, strategic intelligence and action on HRH and sets an ambitious agenda that begins immediately in 2013.*

*The Alliance's role is to support countries and global actors to agree and act on the 'Grand Challenge' of HRH. This challenge is typically consistent across all high-, middle- and low-income countries: How to educate, deploy, finance and regulate a health workforce that is efficient, fit for purpose, fit to practice and improves population health outcomes? It includes strengthening the numbers, capacity, competencies, distribution, motivation, performance and management of the workforce, tailored to the country context and the available resources.*

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## Universal Health Coverage:

# The 'Grand Challenge' of Human Resources for Health

### Key messages

**Universal Health Coverage (UHC) is a policy framework that supports countries to expand the progressive realization of people's right to health. This note focuses on the policy implications for Human Resources for Health (HRH).** It is to inform and support discussions in the Ministerial-level Meeting in Geneva on 18-19 February 2013 on how countries can identify and address health workforce needs to deliver high quality, efficient health services. Particular attention is required for the following:

- 1. Developing and managing adequate HRH to deliver effective coverage and quality health services is the 'Grand challenge' for all high-, middle- and low-income countries.** UHC is achieved through the availability, accessibility, acceptability and quality of a health workforce (public, private, NGO and faith-based) - see figure 1. It is not exclusive to those with 'shortages' or a 'crisis' in the number of health workers.
  - **'Availability' of HRH is improved by taking action to:** strengthen planning, financing, management, monitoring and reporting on the health workforce based on strategic intelligence and evidence. It entails government-wide support on the policy, regulatory and fiscal actions to match health workforce supply, demand, affordability and sustainability.
  - **'Accessibility' to HRH is improved by taking action to:** identify and implement solutions that remove financial, geographical and other barriers to access a health worker when care/treatment is required. It entails stewardship on the efficient deployment of the health workforce across urban, rural and remote areas to provide access and effective referral across the continuum of care.
  - **'Acceptability' of HRH is improved by taking action to:** steward, manage and support the domestic health workforce to increase population demand for and utilization of health services. It entails educating a health workforce, with appropriate oversight, supervision and regulatory mechanisms that is responsive and respectful to population socio-cultural needs, including through appropriate gender balance and skills mix.
  - **'Quality' of HRH is improved by taking action to:** ensure health workers have the necessary competencies and adequate incentives to give priority to patients' interests and the clinical appropriateness/effectiveness of the care that they receive. It entails cross-government support and partnerships to produce a workforce that is fit for purpose and fit to practice in relation to population-specific needs, with mechanisms to measure, reward and sustain high-quality service provision.
- 2. The critical HRH discourse within UHC is the delivery of effective coverage.** Accelerating progress on the unfinished agenda of the Millennium Development Goals and positioning for the post-2015 development agenda for health will both benefit from a focus on the quality of the workforce and the quality of care provided.
- 3. Measurement of progress towards UHC must reflect the reality that the workforce represents the critical pathway towards its attainment.** Indicators and benchmarks are required that recognize health workers' transformative role, and that capture the multi-dimensional nature of universal access to health workers.

Figure 1: Human Resources for Health dimensions of UHC

