



Media Advisory

Second Global Forum on Human Resources for Health Bangkok, Thailand. 25-29 January 2011

More than a quarter of world's countries still struggling to provide basic healthcare due to health worker shortfalls

Bangkok, 24 January 2011 - A billion people in 57 countries face a daily struggle to access basic healthcare due to health workforce shortages and uneven distribution of health workers within countries. Hundreds of thousands of men, women and children, mostly in rural areas of the world's poorest countries, live and die without ever seeing a trained health worker. Many developed countries import large numbers of health workers from developing countries to fill their own health workforce gaps. The critical shortage of skilled personnel, especially in remote areas of the world, is a major obstacle to meeting the UN Millennium Development Goals by 2015.

This week (25-29 January) the need to expand and strengthen the health workforce is the focus of national and international leaders and experts attending the Second Global Forum on Human Resources for Health, in Bangkok, Thailand. Participants will agree key actions to accelerate progress to implement the Kampala Declaration and Agenda for Global Action, the roadmap adopted in 2008 to drive improvements in the health workforce.

Although many developing nations are attempting to address the distribution and shortage of health workers, they lack sufficient long-term financing and capacity to plan and implement programmes to sustain improvements. Dedicated financing, both domestic and external, and coordinated action by national and international actors in health, education, development, civil society and the public and private sectors are urgently needed if countries are to successfully tackle key health issues. Child and maternal deaths and diseases such as HIV/AIDS and malaria, as well as major killers such as cardiovascular disease and cancer, continue to affect developing nations.

Background

More than 1 000 leaders and experts - including Ministers of Health, public health experts and health workers - will highlight progress and challenges and agree future urgent action to strengthen the health workforce. Measures include the ethical recruitment of international health workers, increasing the number of workers trained by developed countries and the use of incentives – including

better pay, working conditions and career development – to encourage health workers to remain in their own countries and communities. The global nature of the health workforce crisis, which affects developed and developing countries, requires collective and collaborative action and investment by rich and poor countries.

The forum is co-organized by the Global Health Workforce Alliance, the Prince Mahidol Award Conference, the World Health Organization and the Japan International Cooperation Agency.

B-Roll Footage

Available for all outlets via the link

http://terrance.who.int/mediacentre/broadcast_material/ghwa/

<Clip 1>

Dr Manuel Dayrit, Director, Department of Human Resources for Health, World Health Organization, Geneva.

International migration is a key issue which affects the global distribution of health workers and healthcare. As a result, the World Health Organization introduced a code of practice on the international recruitment of health personnel.

"Therefore, the problem [of migration] is very big in developing countries," said Dr Dayrit, "In the sense that many don't have enough health workers, and are losing them to migration to developed countries.

"But the problem [also] exists in developed countries, because without the migrant health workers then they don't have enough health workers themselves. Many of these developed countries do not train or educate enough health workers and therefore need to tap developing countries for health workers. Then, in the end, the problem exists everywhere but in different dimensions."

"What the WHO Code also said was that richer countries should not recruit actively and inappropriately from very poor countries. Particularly those who are [experiencing a] health worker crisis. One incentive to keep people in rural areas is to provide them with a proper work environment. Provide them the proper salaries, provide them the health and security, provide them the type of job satisfaction and career track that's going to make people stay there and want to work there."

<Clip 2>

Dr Mubashar Sheikh, Executive Director, of the Global Health Workforce Alliance, outlines the global health worker crisis.

"Right now, there are a billion people around the world who don't have access to a good, skilled motivated worker who has the competencies to deliver the health services that are needed," said Dr Sheikh, "That has had a very negative impact in terms of the burden of disease, in terms of the number of deaths, the number of people that are suffering from various diseases such as HIV AIDS, malaria, TB and a number of non-communicable diseases like cancer, hypertension, blood pressure."

"WHO estimates 4.3 million health workers are needed to address the global shortage. These workers need to be accessible, deployed and distributed appropriately to make an impact and improve overall health."

Case study: Attracting skilled health workers back to their home country, Kenya.

Former colleagues of midwife Mary Kiragu, aged 47, have moved to America and the United Kingdom to work as nurses. During her 20 years of delivering thousands of Kenyan babies, she has seen conditions in health facilities improve. Here, she appeals for skilled health workers, who left Kenya, to return to the country.

"I would like to tell those who went sometime back that this is not the Kenya we had back then. This is a new Kenya."

"We are looking forward to improved facilities, we are looking forward to improved material that we will need, so that we can work better."

Kenya country needs to double its number of nurses by more than 30 000 to meet the healthcare needs of a nation beset by HIV/AIDS, malaria, and tuberculosis. In order to retain health workers in their home countries, governments are being encouraged to implement incentives, such as better salaries and working conditions for health workers.

Note to Editors

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 hinder delivery of essential health services.

In 2008, the Global Health Workforce Alliance convened the first ever Global Forum on Human Resources for Health, in Kampala, Uganda. This 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.

Since then, WHO has spearheaded the development of a global code of practice on the international recruitment of health workers, which was adopted by countries at the World Health Assembly in May, 2010. WHO has also developed guidelines for countries to encourage health workers to remain in rural areas. The organization is active on the ground in 147 countries.

The Global Health Workforce Alliance has recently reviewed progress in the 57 priority countries against the commitments made in the Kampala Declaration and Agenda for Global Action and will launch a country-level progress report at the forum in Bangkok. The report shows that while actions on the ground in a number of countries are starting to make a difference, considerable work remains to be done to fully implement the Kampala Declaration and Agenda for Global Action in the majority of priority countries. To see a copy of the report: www.who.int/workforcealliance

Ministers attending the forum include:

- Dr Said Hammedulla Ham, Deputy Minister, Ministry of Education, Afghanistan.
- Professor A.F. Ruhul Haque. Minister. Ministry of Health, Bangladesh.
- Dr Andre Mama Fouda, Minister of Health, Ministry of Health, Cameroon.
- Dr Sounhadji Attoumane, Minister. Ministry of Health, Comoros.
- Mr M Fouad Mohadji, Minister. Ministry of Education, Comoros.
- Professor Georges Moyon. Minister, Ministry of Health. Congo Brazzaville.
- Dr Victor Makwenge Kaput. Minister, Ministry of Health. Democratic Republic of Congo.
- Mr Abdulla Abdillahi Miguil. Minister, Ministry of Health, Djibouti.
- Mr Amina Nurhusien. Minister, Ministry of Health. Eritrea.
- Mr John Agyabeng. Member, Parliamentary Select Committee on Health. Ministry of Health, Ghana.
- Camilo Simoes, PEREIRA, Minister, Ministry of Health, Guinea, Bissau.
- Dr Mohamed Hossein Nicknam. Minister, Ministry of Health, Iran.
- General Jacques Pascal Rajaonarison. Minister, Ministry of Health Madagascar.
- Professor David Mphande. Minister. Ministry of Health. Malawi.
- Honourable M Sanoussi Touré, Minister. Ministry of Finance, Mali.
- Umakant Chaudhary, Minister, Ministry of Health, Nepal.
- Dr Abdalla Teia Juma Hammad. Minister. Ministry of Health, Sudan.
- Dr Richard Nduguura. Minister of State for Health. Ministry of Health, Uganda.
- Dr Henry Madzorera. Minister. Ministry of Health, Zimbabwe.
- Mr Tendai L. Biti. Minister. Ministry of Health, Zimbabwe.

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