

Health workers for all and all for health workers



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alliance



Working together: addressing the health workforce crisis

Meeting with Eastern Mediterranean countries facing the health workforce crisis
Cairo, Egypt, October 11-13, 2008

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Background and rationale

Health workers are important not only for advancing the general health of the population but also for improving the quality of health care, for achieving the health-related Millennium Development Goals and for scaling up effective health interventions. There is an increasing recognition that to strengthen health systems to be efficient and deliver quality services and to achieve major health and development goals, a health workforce is needed that is sufficient in number and appropriate as to profiles, well-educated and trained, and adequately deployed, managed and motivated.

The health workforce status in the Eastern Mediterranean Region (EMR) varies immensely, as its 22 member states represent a combination of low, middle and high income countries. The health workforce challenges in most of the countries include absolute shortages, underemployment, geographic and skills maldistribution, non-supportive working environments, uncontrolled migration of health professionals and inadequate HRH policies, planning and management. Reflecting the health workforce status in the region, Figure 1 indicates maldistribution in density of physicians and Figure 2 presents the uneven density rates of nurses in its 22 Member States.

Figure 1 Densities (per 1000 population) of physicians in the EMR Region

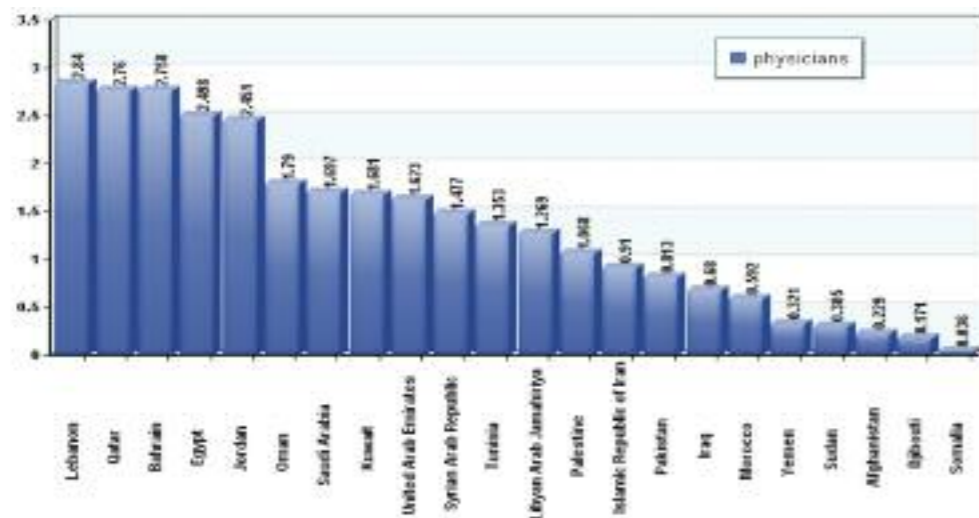
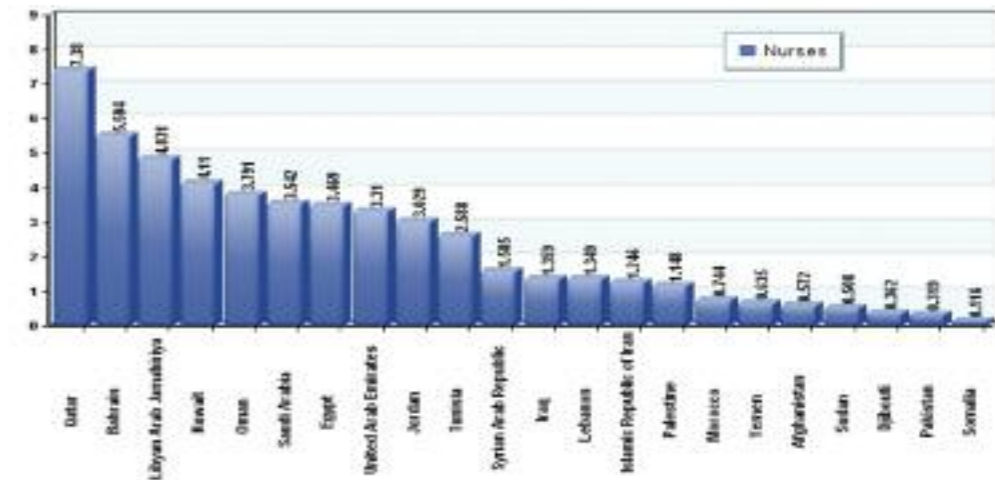


Figure 2 Densities (per 1000 population) of nurses in the EMR Region



The above-mentioned phenomenon has considerable consequences for some countries, imposing health system constraints in terms of both quantity and quality. According to the World Health Report 2006, eight countries in the Region including Afghanistan, Djibouti, Iraq, Morocco, Pakistan, Somalia, Sudan and Yemen, face critical shortages in their health workforces¹, one of the key reasons for low health outcomes. This situation calls for special attention from the countries as well as from the global partners on human resources for health.

With this perspective and background, and in order to assist these eight countries in addressing health workforce crisis, WHO's office for the Eastern Mediterranean Region (WHO/EMRO) and the Global Health Workforce Alliance (GHWA) organized a meeting with their National Focal Points for Human Resources for Health (HRH). The meeting was linked with the 55th Regional Committee Meeting of Eastern Mediterranean Region, while a side meeting with the delegates from these countries was also held as one of its sessions.

Theme, purpose and objectives

The theme of the meeting was to work together to address the health workforce crisis.

The purpose of the meeting was to create a partnership between GHWA, WHO and participating countries to overcome the HRH crisis.

The overall objective of the meeting was to identify the most innovative country-specific approaches to overcoming HRH challenges and to seek opportunities to develop national HRH plans using a generic format.

The specific objectives included:

- Orientation of the Global Health Workforce Alliance (GHWA)
- Assessing HRH status in eight HRH crisis countries in the Region
- Exploring methods of collaboration between GHWA, the Region and crisis countries for addressing the HRH shortage
- Agreement on guidelines for a proposal for developing national HRH plans

¹World Health Report 2006 indicated 8 EMR countries facing HRH crisis .

Expected outcome

A clear outline of the country-specific proposal for developing national HRH plans

- major activities to solve the health workforce crisis
- specific steps needed to produce a national HRH plan
- timeline with costing and roles

Pre-meeting assessment

A special diagnostic tool (Annex A) was prepared and used by the participating countries to define the current HRH situation vis-à-vis the required state of national HRH strategies, policies and long-term plans. The countries provided the necessary information to the meeting by using this tool. Based upon the collected information from the countries, a pre-meeting ranking of HRH priorities according to what is most pressing for future interventions is illustrated in Annex B; whereas Annex C presents the pre-meeting rapid assessment of HRH interventions in the countries.

Programme and processing

The meeting programme (Annex D) was divided into three sessions:

- Session 1: Orientation and situation analysis
- Session 2: Meeting with the delegates
- Session 3: Development of outlines for proposals

Session 1: Orientation and situation analysis

The first session was attended by the National Focal Points from the eight participating countries along with representatives of WHO and GHWA as listed in Annex E. The session included presentations on the purpose, objectives and anticipated outputs of the meeting, as well as keynote presentations by the Director of Division of Health Systems and Services Development (DHS) at WHO EMRO and the Executive Director

of GHWA, followed by presentations by the National Focal Points from countries on Human Resources for Health.

1) Purpose, objectives and expected outcomes of the meeting by Dr. Ghanim Alsheikh

Dr. Ghanim Alsheikh, Coordinator, Human Resource Development (HRD)/Division of Health Systems and Services Development (DHS), WHO EMRO, highlighted the purpose, objectives and anticipated outputs of the meeting. He also presented the evolving conceptual framework of HRH and delivered five key messages, as mentioned below:

- HRH is a cross-cutting issue and the engine of any health system
- There is a significant correlation between the state of the health workforce and health outcomes
- HRH is not only about numbers but also about efficiency and competency
- Country-specific HRH plans should address specific health workforce challenges
- HRH monitoring and evaluation are imperative, while regional and national HRH observatories have added value

During the presentation, he highlighted that a systematic approach is needed for addressing the main stages of HRH, which include planning, production and management.

2) Human resources as an important building block of the national health system by Dr. Belgacem Sabri

Dr. Belgacem Sabri, Director of Health Systems and Services Development, WHO EMRO, welcomed the participants and extended his gratitude for the initiative to work in collaboration with GHWA to address the HRH challenges in the Region. He pointed out that the health workforce is the engine and one of the

most significant components of the health system. He also highlighted some strategic areas needing attention, including the qualitative and not merely quantitative aspects of health workforce, links to the private sector and other key partners, feminization and the need for proportional gender balance as well as the establishment of national observatories among others.

3) Introduction of the Global Health Workforce Alliance and its role in addressing the HRH crisis globally by Dr. Mubashar Sheikh

Dr. Sheikh, Executive Director of the Global Health Workforce Alliance, presented an overview of GHWA, its global mandate, strategic objectives, vision, mission and collaboration at both the regional and country levels. He further highlighted the global and regional situation of the health workforce and indicated the best proactive approaches to solving the crises of the health workforce in various regions. He indicated that Africa is facing a severe shortage of HRH while the WHO's South East Asian Region, Eastern Mediterranean Region and Western Pacific Region also have HRH shortage. He called for collective and individual actions in global, regional and country contexts. Dr. Mubashar concluded that while the meeting deliberates on tackling HRH crisis in eight EMR countries, other non-crisis countries facing health workforce shortages in the Region should be encouraged to work to achieve national HRH objectives. He put key questions to the participants for discussion and consideration, such as:

- How can GHWA and WHO work together and complement each others' functions?
- What could be the specific focus for the work of the Alliance² with the countries?
- What kind of support is expected from the Alliance?

These three presentations were crucial to pave the way for open roundtable discussions with participants during the first two days of the meeting.

way for open roundtable discussions with participants during the first two days of the meeting.

4) Country presentations by National Focal Points

National Focal Points of the eight HRH crisis countries in the Region including Afghanistan, Djibouti, Iraq, Morocco, Pakistan, Somalia, Sudan and Yemen presented their country situations and initial plans for health workforce improvement while also sharing country-specific HRH challenges and priority ranking. The existing institutional capacity of the countries and responsiveness to the identified gaps were also collectively reviewed, analysed and discussed during the meeting. The meeting also served as a venue for exchange of good practices and best lessons among countries of the Region. Some of countries indicated that they have developed HRH plans at the strategic level and for the Ministry of Health; therefore this needs to be extended to the national level and to be costed. Each country prepared a short list of priorities to improve HRH and defined the most crucial areas needing GHWA and WHO support. The summary of the country presentations, key information on HRH and a list of priorities are provided in Annex F.

During the deliberations, it was noted that most of the challenges and priorities are common to all these countries, including the following:

- Maldistribution of health workforce
- Institutional capacity
- Information system
- Coordination mechanisms
- Brain drain / migration
- Investment for HRH
- Private sector involvement

Session 2: Meeting with the delegates

The second session was dedicated to a special briefing with the policy makers, including ministers and deputy ministers of health from the

eight countries attending the 55th RC meeting, along with the Director of Health Systems and Services Development at EMRO and the Executive Director of GHWA. The list of participants in this session is given in Annex G. The session covered an analysis of HRH priorities sorted out by each country, with a synthesis and short briefing on the previous session.

The HRH plan was viewed as an integral part of national health system strategy. It was agreed that all countries will develop evidence-based, costed, national HRH plans that are comprehensive and cover all categories of the health workforce, including each stakeholder. They will be gender sensitive and consistent with human rights principles. These plans should be linked to the national health and development agenda. Those countries that have plans that are limited either to Ministry of Health (MOH) or to the strategic level need to extend them accordingly.

Session 3: Consultation with National Focal Points on country-specific actions

The third session was entirely devoted to country-wide meetings to discuss national priorities and agree on next steps. An outline was produced to guide the countries in writing proposals for developing or reviewing national HRH plans using a generic format, presented in Annex H.

In these meetings, outlines of an HRH proposal were discussed and elaborated. These proposals will be developed by the countries within an eight-week period, with a defined timeline and costing of activities, and will lead each country toward the ultimate product of costed national HRH plans.

In addition, collaboration between GHWA and the Human Resource Development (HRD) unit of WHO/EMRO was discussed and key priorities were identified.

Next steps

It was jointly determined that follow-up actions are required for all eight countries as a group, and individually for each country. With the overall goal of developing national, evidence-based and costed HRH plans, the countries agreed to work further on the following tasks:

- Select 1-2 entry points for starting HRH interventions, taking into account existing capacity.
- Conduct technical workshops to finalize country-specific plans and together develop detailed implementation plans.
- Document and disseminate good HRH practices for publication.
- Ensure that National HRH plans cover the three major stages of HRH, including planning and policy; production and training; and health workforce utilization.
- Form and make operational a coordination platform for key stakeholders

It was also agreed that GHWA and WHO EMRO will collaborate to address the HRH crisis in the Region and will:

- provide necessary support to the eight countries to facilitate:
 - development of proposals for developing/revising HRH plans;
 - development of HRH national evidence-based and costed plans;
 - marketing and resource mobilization; and
 - capacity building and strengthening institutional responsiveness to HRH challenges and pressing needs
- conduct training of trainers (TOT) to develop relevant expertise in the countries with continuous coaching and mentoring support;
- facilitate on-going communication, exchange of knowledge, good practices and lessons; and
- hold regular teleconferences and/or e-share portal.

At the Eastern Mediterranean regional level, it was proposed to:

- have WHO EMRO and GHWA visit all eight countries to assess HRH situation and provide technical guidance and support;
- hold advocacy and awareness seminars targeting policy makers and senior decision leaders at the country level;
- support the regional office to strengthen its capacity;

- provide training on management and leadership development;
- make products developed by the task forces available with appropriate translation and refinement to the country context;
- develop need assessment and other health workforce planning tools;
- document and disseminate the good practices and lessons learnt.

Annexes

Annex A: Diagnostic tool for HRH status in the countries

Questionnaire for country HRD focal points

Name Country Position

A. What is the total number of the health workforce in your country, including (in addition to MOH) all sectors (public, private, etc.)

B. Please rank among the HRD priorities listed below the most pressing ones needing future support from WHO and GHWA in your country? Starting with 1 as the first choice followed by 2, 3, 4 etc.

- Need for a National HRD policy and plan
- Establishment of an HRH Observatory to generate data and evidence
- Establish a forum for national HRH coordination
- Scaling up of HRH production (pre-service education and training) to overcome the shortage
- Strengthening national capacity and expertise in human resources development
- Leadership and management capacity programmes
- Orientation of education towards Primary Health Care
- Establishment of HRH monitoring and evaluation systems
- Other. Please state:

C. Please indicate the status of following in your country at present time

(tick the most appropriate box):

	Absent	Weak	Effective	Don't know
National HRH data				
National HRH Information system				
national HRD strategy				
National HRH policies				
National HRH plan				
Education and national HRH production				
HRH retention measures				
Intersectoral coordination mechanism				
MOH HRD capacity				
Leadership & management capacity & training				

D. What are the first priority actions you might initiate, in collaboration with WHO and GHWA, to address your defined HRH challenges and to solve the health workforce crisis in your country?

Annex B: Pre-workshop ranking of HRD priorities as the most pressing areas for future interventions

Areas	Collective Ranking	AFG	DJI	IRQ	MOR	PAK	SOM	SUD	YEM	Overall Score
Need for National HRD policy & plan	1	1	1	2	8	3	1	1	1	18
Establish HRH observatory to generate evidence	2	4	5	1	7	1	2	1	3	24
Establish forum for national HRH coordination	3	2	6	4	1	2	4	7	5	31
Scaling up HRH production / education	4	3	2	5	2	7	3	2	7	31
Leadership & management capacity programmes	5	5	8	3	3	4	7	3	4	37
Strengthening national capacity in HRD	6	1	3	8	4	6	5	5	8	40
Establish HRH monitoring & evaluation systems	7	6	7	7	5	5	8	4	2	44
Orientation of education towards PHC	8	7	4	6	6	8	6	6	6	59

Annex C: Pre-workshop rapid assessment of the status of HRH interventions

Intervention	AFG	DJI	IRQ	MOR	PAK	SOM	SUD	YEM
National HRH data	Wk	Wk	Ef	Ab	Wk	Wk	Ef	Wk
National HRH Information system	Ef	Wk	Ef	Ab	Wk	Ab	Ef	Ab
National HRD strategy	Ef	Wk	Ef	Wk	Ab	Ab	Wk	Ab
National HRH policies	Wk	Wk	Ef	Wk	Ab	Ab	Ef	Wk
National HRH plan	Wk	Wk	Ef	Wk	Ab	Ab	Wk	Wk
Education / national HRH production	Wk	Ef	Ef	Wk	Ef	Ab	Ef	Ef
HRH retention measures	Wk	Wk	Wk	Wk	Wk	Wk	Wk	Wk
National intersectoral coordination	Wk	Ef	Wk	Wk	Wk	Ab	Wk	Wk
MOH HRD capacity	Wk	Wk	Wk	Wk	Wk	Ab	Ef	Wk
Leadership & management capacity	Wk	Wk	Wk	Ab	Ef	Wk	Wk	Wk

Key Ab Absent Ef Effective Wk Weak

Annex D: Meeting programme

“MEETINGS WITH THE NATIONAL FOCAL POINTS FROM THE COUNTRIES IN EMR WITH CRISIS IN HUMAN RESOURCES FOR HEALTH”

11-13 October 2008, WHO/EMRO 6th floor Conference room, Cairo, EGYPT

Day One: 11 October 2008:

Session I: (From 11.00 to 15.00 with breaks: venue 6th floor conference room, HRH focal points and member of delegates willing to participate and EMRO/HRH team, and GHWA team)

11:00 – 11:15	Background, purpose of meeting, introducing GHWA and meeting expected outputs.
11:15 – 11:45	Human resources development and efficient health systems, health outcomes. HRD subsystem components.
11:45 – 12:00	Discussion
13:00 – 13:30	Analysis of HRD assessment: presenting country-specific HRH status, key challenges and priorities within the following domains: <ul style="list-style-type: none"> • National HRH data and HR information systems • HRH National strategy • National HRH policies and plans • Education and national production capacity • Partnership and coordination framework • Available and potential resources for HRH plans • HRH Management and leadership, including MOH institutional capacity • Private sector and stakeholders’ share in HRH

13:30 – 14:30 Round table discussion.

14:30 – 15:00 Hands-on support of Focal Points in preparing draft/brief country-specific plans to present to ministers in the late afternoon of 11-09.

Session II: (From 15:30 to 17:00 venue 6th floor conference room)
(Exc. Ministers, Senior EMRO and GHWA; Countries HRH focal points and delegates; EMRO/HRD team)

15:30 – 15:45	Introducing GHWA and its collaboration in supporting countries in HRH crisis: (Dr Mubashar Sheikh: Executive Director, GHWA).
15:45 – 16:00	HRD: how crucial it is to health systems and health outcomes; how best to address the crisis technically: (EMRO/HRH)
16:00 – 16:15	Brief presentation on countries in the HRH synthesis of previous session: analysis and future plans. (EMRO/HRH).
16:15 – 17:00	Round-Table discussion: how best to utilize support to collaborate with countries to address the HRH crisis.

Day Two: 12 October 2008:

Session III: (From 13:00 – 15:00 venue 6th floor conference room TBC)
(HRH focal points and member of delegates willing to participate and EMRO/HRH team, GHWA team).

11:00 – 12:00	Finalize, with focal points drafting country proposals including follow-up timetable to complete and finalize draft with national partners for submission.
13:00 – 14:30	Continue finalization, wrap-up and conclusions

Day Three: 13 October 2008:

(Consultations with focal points to support country-specific actions to address the HRH crisis, venue Room 526 fifth floor)

10:30 – 11:00	Afghanistan HRH focal point
11:00 – 11:30	Djibouti HRH focal point
11:30 – 12:00	Iraq HRH focal point
13:00 – 13:30	Morocco HRH focal point
13:30 – 14:00	Pakistan HRH focal point
14:00 – 14:30	Somalia HRH focal point
14:30 – 15:00	Sudan HRH focal point
15:00 – 15:30	Yemen HRH focal point

Annex E: List of National HRH Focal Points from eight countries, GHWA and WHO secretariat

AFGHANISTAN

Dr Ghulam Sarwar Homayee
HRD Advisor
Ministry of Public Health
Email: sarwar_homayee@yahoo.com

DJIBOUTI

Mr Isse Said Wais
Director
Institute Supérieur des Science de la Santé
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IRAQ

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MOROCCO

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Global Health Workforce Alliance

Dr Mubashar Sheikh, Executive Director, Global Health Workforce Alliance

Dr Muhammad Mahmood Afzal, Health Specialist, Global Health Workforce Alliance

WHO Secretariat

Dr Belgacem Sabri, Director, Health Systems & Services Development, WHO/EMRO

Dr Ghanim Alsheik, Regional Adviser, Human Resources Development, WHO/EMRO

Dr Fariba Al Darazi, Regional Adviser, Nursing & Allied Health Personnel, WHO/EMRO

Dr Ali Hassanabadi, Regional Adviser, Educational Development & Training, WHO/EMRO

Dr Walid Abubaker, Technical Officer, Human Resources Development, WHO/EMRO

Mrs Lamiaa Elsayed, Division of Health Systems & Services Development, WHO/EMRO

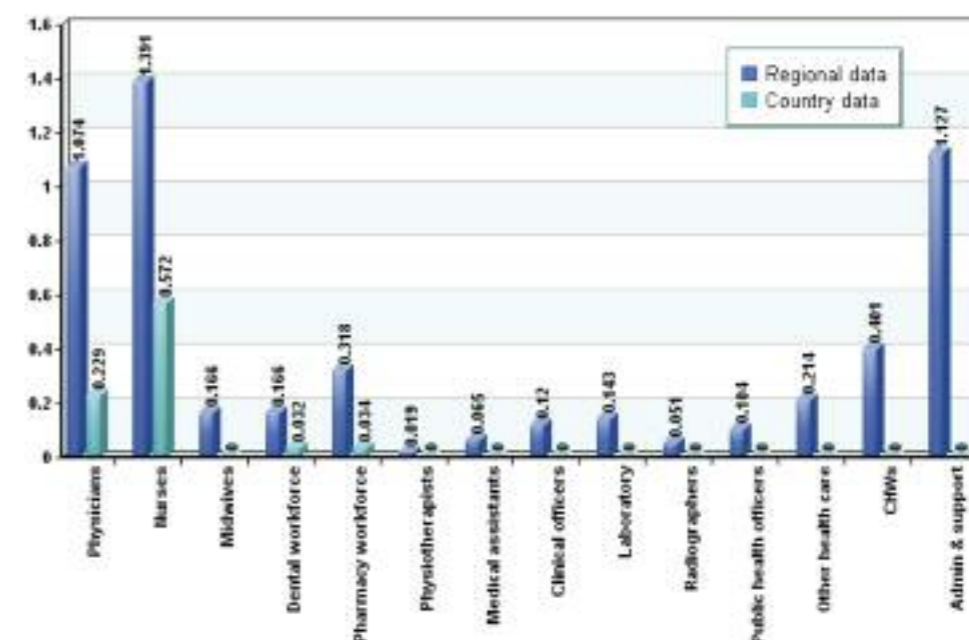
Annex F: Country presentations, key information on HRH and priorities

The following is a summary of the key information coming out of the presentations, the country status of HRH as well as the priority areas for urgent interventions identified:

Afghanistan: While the country did develop a national HRH strategy with associated policies, little was done to put it into practice. There is an urgent need to develop a coherent HRH framework for stakeholders, expand data

collected to cover all sectors and to establish a national HRH observatory. As the data below shows, Health workforce density in Afghanistan is quite low compared to other countries in the region and worldwide. Moreover, a great deal of data is missing, and thus one of the first interventions discussed during the meeting is both to streamline and complete national data on HRH.

Densities (per 1000 population) of health workers in Afghanistan compared with EMR Region's density



The priority areas of intervention in HRD include:

- I. Building national HRD expertise (TOT of department of HRD in MOH and other nationals, including management and leadership development)
- II. Establish a dynamic forum for HRH-related national coordination
- III. Rapid scaling up, particularly of nurses, midwives and other AHP
- IV. Establish an HRH observatory-conduct national needs assessment with a comprehensive HRH mapping. Build on the existing health information system
- V. Monitoring & Evaluation

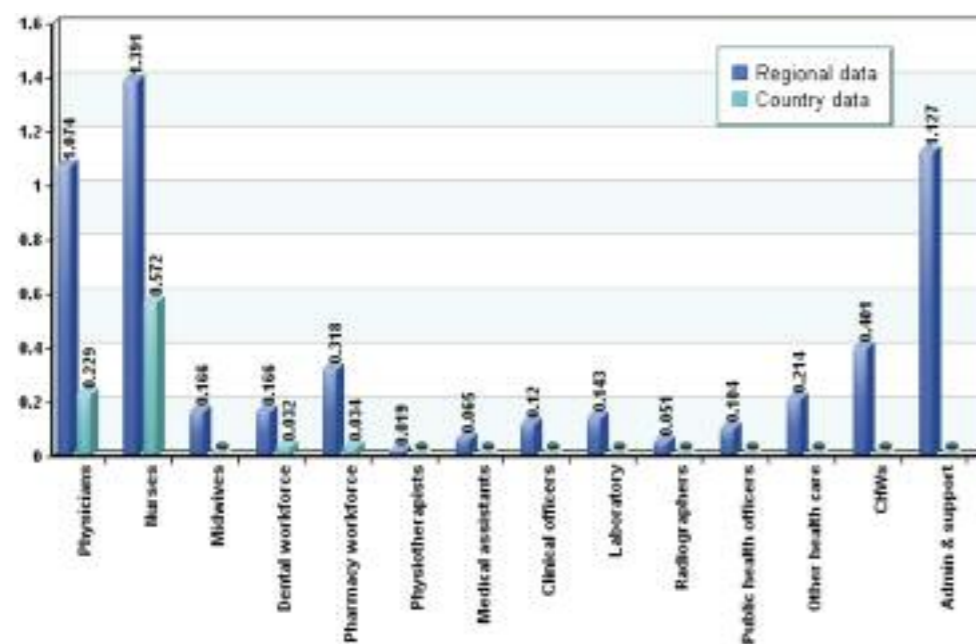
Djibouti: Density ratios of the health workforce in Djibouti are alarming. They are at only 1.3 per 1000 population, one of the lowest in the region and the world. Therefore, massive scaling up is required to meet minimum health care services coverage. Furthermore, support for the nursing

and midwifery institute is urgently needed and HRH plans and policies need consolidation and revision. Finally, strengthening national HRH capacity is a priority and support is sought for training nationals in HRD planning, management and leadership development.

Iraq: One of the most severe problems is the migration and loss of health workers, particularly of highly-qualified health professionals and academicians. Therefore, development of a retention strategy was rated as the number one HRH priority. Additionally, such challenges as the

lack of unified policies and plans, a weak HRH information system, weak coordination with the private sector and other partners as well as weak national capacity have been identified as areas needing strategic interventions and support.

Densities (per 1000 population) of health workers in Djibouti compared with EMR Region's density



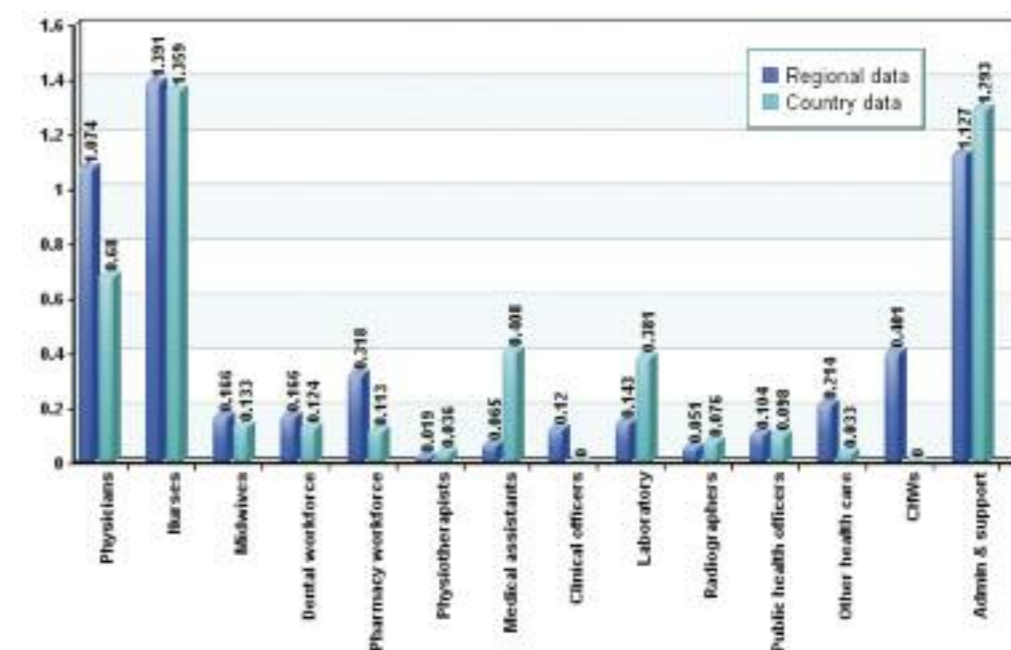
The priority areas of intervention in HRD include:

- I. HRH national policies and plans
- II. Massive scaling up of the health workforce with PHC-orientation
- III. Development of a national HRH observatory

IV. Conduct a national needs assessment with comprehensive HRH mapping

V. Twinning arrangements with regional and international partners to prepare national cadres

Densities (per 1000 population) of health workers in Iraq compared with EMR Region's density



The priority areas of intervention in HRD include:

- I. Develop national HRH policies and plans, including retention strategies (migration of health workers is a top concern)
- II. Review and improve the quality of the education of health professionals (PHC-oriented)

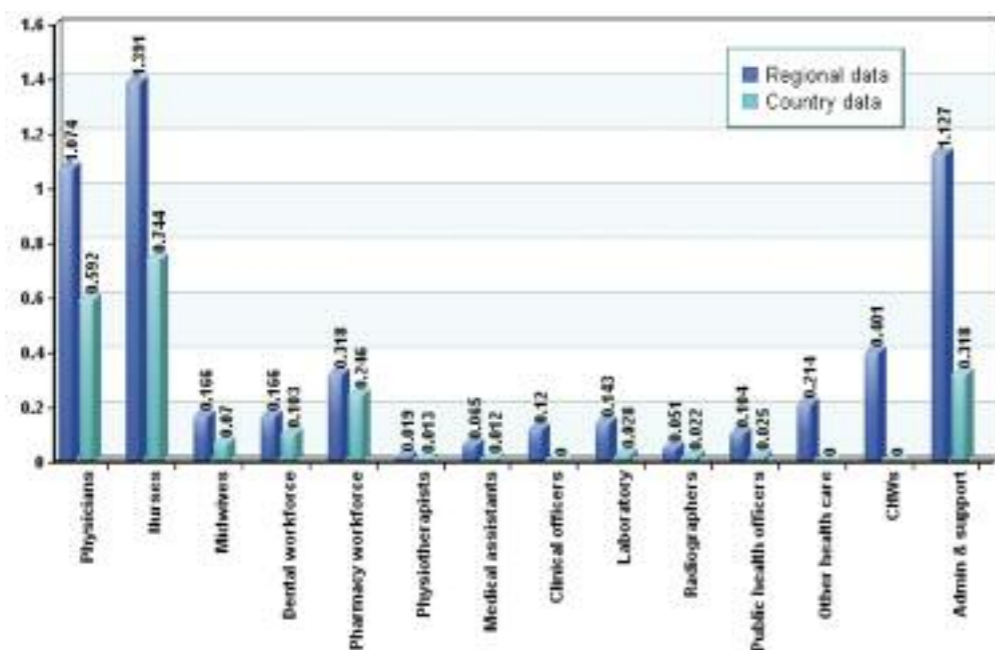
III. Assess and solve maldistribution

- IV. Develop a localized model for health care services delivery via community-based autonomous ownership
- V. Establish a national HRH observatory

Morocco: There are needs for harmonized coordination, one nation-wide HRH information system, training of trainers on HRD planning and policy development, leadership and modern

management skills, and scaling up of health workforce production. Three HRH priorities were defined, including scaling up, coordination and an HRH observatory.

Densities (per 1000 population) of health workers in Morocco compared with EMR Region's density



The priority areas of intervention in HRD include:

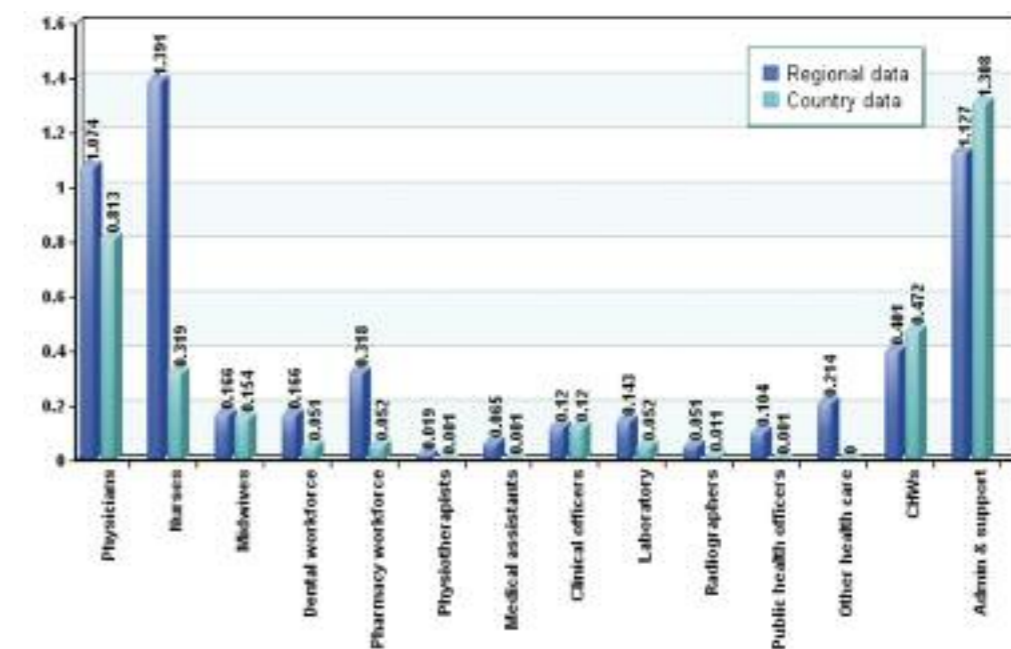
- I. National scaling up of HRH (private sector to play a major role)
- II. Establish and sustain national HRH coordination mechanisms
- III. Development of a national HRH observatory building on existing HIS)

- IV. Building national HRD expertise, including leadership and management capacity
- V. PHC-orientation of the health workforce

Pakistan: Over 6000 BHUs in Punjab province are not functioning, due to lack of a sufficient number of trained health workers. There is a need for development of a health workforce planning tool to match demand with production

and absorption capacity. Support is sought to streamline HRH data, establish a national observatory and provide coherent coordination, especially with the private sector, as well as revision of national HRH policies and plans.

Densities (per 1000 population) of health workers in Pakistan compared with EMR Region's density



The priority areas of intervention in HRD include:

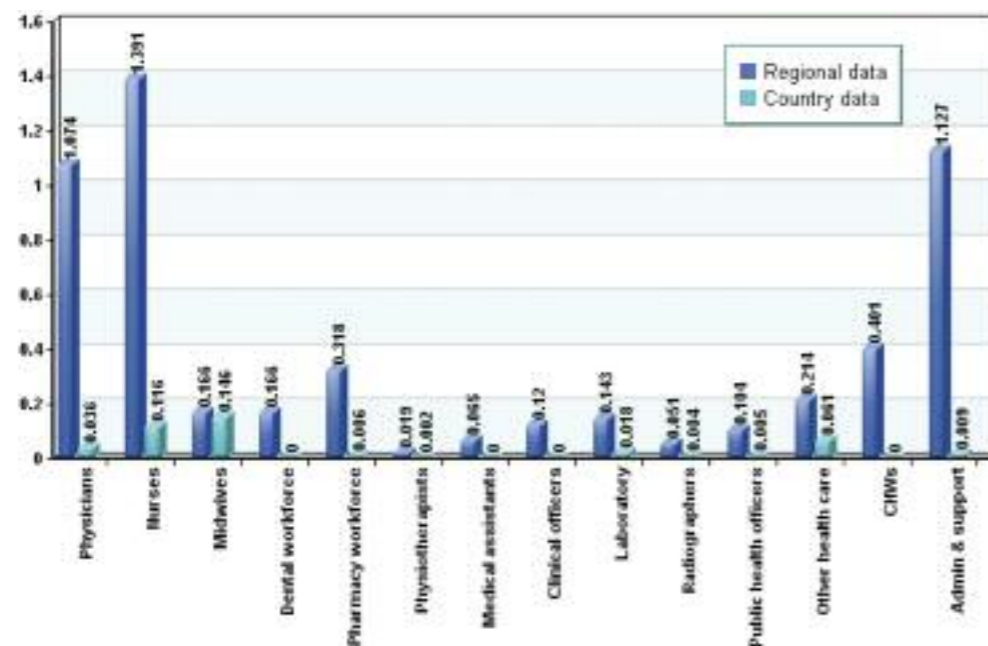
- I. Develop a national HRH observatory using existing HIS
- II. Develop evidence-based policies and plans

- III. Establish national HRH coordination mechanisms
- IV. Build national HRD expertise, including leadership & management capacity
- V. PHC-orientation of the health workforce

Somalia: Given the current circumstances and the continuous conflict, Somalia needs a special approach to address HRH challenges in three different parts of the country. Areas needing

immediate attention are scaling up of health workers, support to health training institutions and nursing schools.

Densities (per 1000 population) of health workers in Somalia compared with EMR Region's density



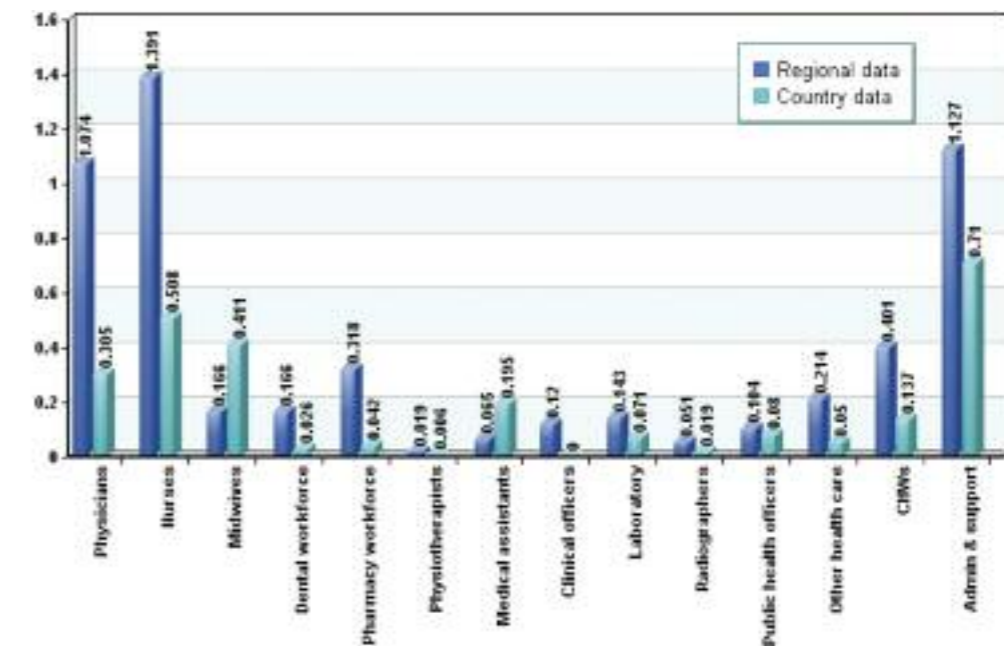
The priority areas of intervention in HRD include:

- I. Massive scaling up of the health workforce (Severe health workforce shortage)
- II. Development of a national HRH observatory (HIS and HRH data management)
- III. Strengthening of HRH national capacities: governance, leadership and management capacities
- IV. Establish national HRH coordination
- V. Develop a motivation strategy

Sudan: The first HRH priority for Sudan is to continue national efforts toward a rapid scaling-up of the health workforce. Two initiatives have been launched with WHO and GHWA support, including the academy for health sciences and public health institute. Sudan has received 300,000 USD as a pathfinder country eligible for GHWA support. A proposal is planned

for boosting HRH through sustainable measures of operations for the academy and institute aimed at a gradual increase in health workforce production and at the possibility of fulfilling needs in other EM regions. Meanwhile, a national HRH observatory is functioning with regular newspaper and web applications.

Densities (per 1000 population) of health workers in Sudan compared with EMR Region's density



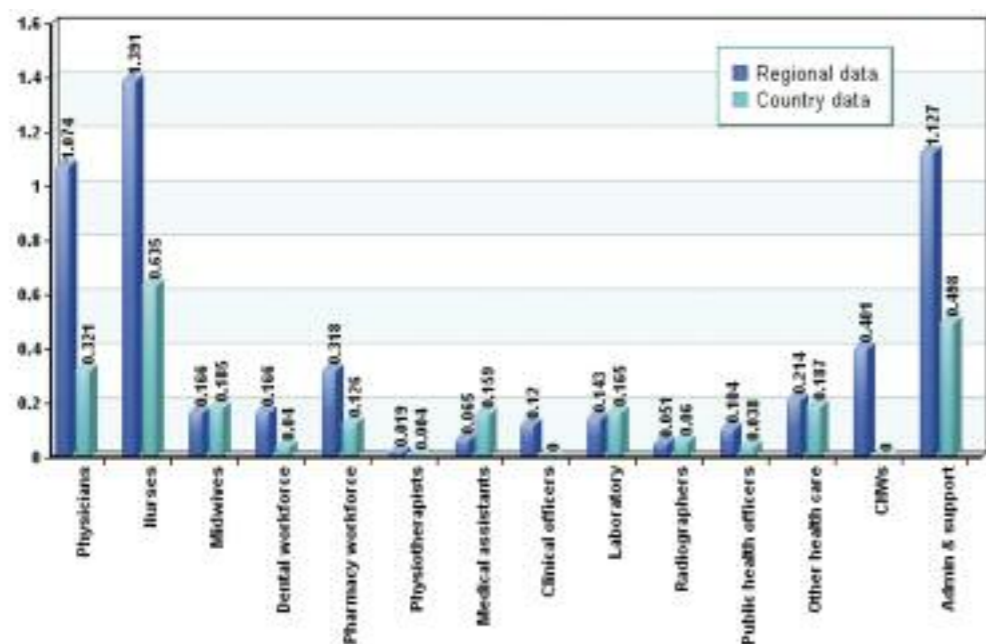
The priority areas of intervention in HRD include:

- I. National scaling up of the health workforce, building on existing and GHWA support for the academy of health sciences and for the new initiative to establish a national public health institute)
- II. Build national HRD expertise, including leadership and management capacity
- III. Develop national retention strategies (wide-scale migration)
- IV. Establish national HRH coordination mechanisms
- V. Solve maldistribution/decentralization

Yemen: The HRH plan was developed but only for MOPHP. Current priorities are to establish a national coordination forum via a dynamic HRH observatory, training national trainers in HRD

and evidence-based planning and policy formation, along with the development of retention strategies for public health workers.

Densities (per 1000 population) of health workers in Yemen compared with EMR Region's density



The priority areas of intervention in HRD include:

- I. Develop evidence-based policies and plans
- II. Develop a national HRH observatory using existing HIS

III. Strengthen HRH national capacities:

- IV. Develop motivation strategies
- V. Establish national HRH coordination

Annex G: List of participants in side meetings with the delegates of the 55th Regional Committee from eight countries

COUNTRY/ ORGANIZATION	NAME	TITLE / POSITION
AFGHANISTAN	Dr Faizullah Kakar	Deputy Minister of Health
	Dr Ghulam Sarwar Homayee	HRD Consultant MOPH
DJIBOUTI	Dr Isse' Said Wais	Director Institute Supérieur des Science de la Santé
IRAQ	Dr Mohammed Jarer Huwail	Assistant of Director General of Public Health MOH
	Dr Sanaa S. Majeed	Assistant of Director of Vital Health Statistical
	Dr Nawzol Selikrls	Chairman of Health Control, Iraqi Plan
MOROCCO	Dr Hazim Jilali	Director General
	Dr Ben Mamoun Abdellhmin	Director Communicable Disease
PAKISTAN	Dr Zafar-ul-Haq Lodhi	Deputy Director General, Ministry of Health
	Dr R. Jooma	Director General Health Services
SOMALIA	Dr Abdi Awad	Resident Advisor MOH
SUDAN	Dr Elsadig Gasmall Mohammed	Assistant Under-secretary for HRD
	Dr Isameldin M. Abdallah	Director General, International Health-FMOH
YEMEN	Dr Ghazi A. Ismail	Deputy Minister for Curative Medicine
	Dr Nasser Alkarm	Director General of HRH
GHWA	Dr Mubashar Sheikh	Executive Director
	Dr Muhammad Mahmood Afzal	Health Specialist
WHO/EMRO	Dr Belgacem Sabri	Director, DHS
	Mr Peter Graaff	WR/Afghanistan
	Dr Naeema El Gasser	WR Iraq
	Dr Ghanim Alsheikh	RA/HRD
	Dr Fariba Al Darazi	RA/NUR
	Dr Ali Hassanabadi	RA/EDT
	Dr Walid Abu Baker	TO/HRD

Annex H: Template for proposals to develop national HRH plans

IDENTIFICATION

Title	Co-financing theto health workforce of COUNTRY XXXX PROJECT
Total cost	USD 0000
Aid method / Management mode	Project approach – WHO/GHWA and national joint management

EXECUTIVE SUMMARY

COUNTRY XXXXPROJECT is ranked xxth among the world's 177 countries for its human development index. The total health workforce (HEALTH WORKFORCE) density per 1000 population is XX as compared to 2.3 for Africa and 4.0 for the EMR and 9.3 global averages. Production of HEALTH WORKFORCE isThe need for and other health workers to fill the severe shortage is evident and can be achieved through sustainable development of a national pre-service educational system.

In 200x, the government of COUNTRY XXXXPROJECT, with WHO support, decided to initiate a project to establish To complete the preparation for the execution of the project, more funds are needed. Specifically, the cost ofis included in this proposal. The estimated cost ranges of USD xxx

Rationale

MAIN HEALTH WORKFORCE CHALLENGES

Figure: Total Health Workforce ratio to 1000 population in COUNTRY XXXXPROJECT compared to regional and global averages.

population of COUNTRY XXXXPROJECT. The project is expected to strengthen health systems performance through the gradual increase of health workforce production, which will have an impact on reducing mortality and morbidity parameters and improve the health of the population.

OBJECTIVES

General objective

Specific objectives

COMPLEMENTARY ACTIONS

(Actions already done to prepare ground for the proposed project)

STAKEHOLDERS

The ultimate beneficiaries of the project are the

The project is implemented by the government of COUNTRY XXXXPROJECT and WHO jointly. On the WHO side, the Eastern Mediterranean Regional Office will be involved in the execution of the plan. Thus, the project will benefit from the capacities of EMRO, Headquarters and the COUNTRY XXXX Project office of WHO in COUNTRY XXXXPROJECT.

RISKS AND ASSUMPTIONS

Identification of the main risks and an overview of mitigating measures, including conditions to be met prior to and during implementation; elements evidencing the sustainability of the proposed action primarily include a gradual phase-out of external funds and improvement of self-financing ability.

BUDGET

Several parties have already spent, allocated or pledged funds in support of the project. The required co-financing amounts to USD 0000 for the cost of procuring training, laboratories, equipment and supplies. The proposed duration of project depends upon reaching agreement. It is envisaged that the project will be initiated in November 2007.

Objectives	Available and Pledged Budget (\$)				Required Co-Financing Budget	
	COUNTRY XXXXPROJECT Govt	WHO/EMRO/RB	WHO/OS	Donor 1	Donor 2	WHO/HQ/GHWA
1.						
2.						
3.						
4.						
5.						
TOTAL	Premises salaries, training sites	xxx	xxxx	Pledged	xxxx	xxxxxxxx

MONITORING, EVALUATION AND AUDIT

It has been determined and agreed that a mid-term progress report and a final evaluation and report will take place.



Launched in 2006, the **Global Health Workforce Alliance** is a partnership dedicated to identifying and coordinating solutions to the health workforce crisis. It brings together a variety of actors, including national governments, civil society, finance institutions, workers, international agencies, academic institutions and professional associations. The Alliance is hosted and administered by the World Health Organization.

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Health Workers for all and all for health workers