

IN THIS ISSUE

NEWS // ENDORSEMENT OF 2009 - 2011 PRIORITIES .1 / GHWA STATEMENT ON CODE .2 /
IN BRIEF // NEW GHWA WEBSITE .3 / G8 FOLLOW UP .3 / BAMAKO - CALL TO ACTION .3 / AFRICAN PARLIAMENTARIANS .4 / MOZAMBICAN HEALTH
WORKFORCE PLAN .5 / WHO-OECD MIGRATION MEETING .4 / ICN'S NURSING INSTITUTE .4 /
NEWS FROM GHWA TASKFORCES & WORKING GROUPS .6 / VOICES .6 /
GHWA ASKS // INTERVIEW WITH DR. FRANCISCO DE CAMPOS - BRAZILIAN MINISTRY OF HEALTH & GHWA BOARD MEMBER .7 /
MEMBERS IN THE SPOTLIGHT // MERLIN'S - HANDS UP FOR HEALTH WORKERS .8 / PSI ETHICAL RECRUITMENT CAMPAIGN .8 /
FEATURE // BRAZIL'S EHEALTH INITIATIVE .9 /
CALENDAR OF EVENTS .10 / LATEST PUBLICATIONS .10 /

MESSAGE FROM THE EXECUTIVE DIRECTOR



Dear readers,

I would like to take the opportunity, on behalf of GHWA to wish you a happy and prosperous 2009. Last year was a productive and eventful year for us and the response to the health workforce crisis, marked by significant political and financial commitments relating to strengthening the health workforce. The endorsement of the Kampala Declaration and Agenda for Action at the First Global Forum on Human Resources for Health, was a milestone. The G8 2008 noted the work of the Alliance and partners and the importance of Kampala Declaration and Agenda

for Action to help guide the response to the health workforce crisis. We are beginning to see genuine progress in countries implementing successful models.

All of this is extremely promising, but now the challenge is to transform these pledges into concrete action in the context of an unprecedented global financial crisis. Accelerated efforts will be required to make sure that the opportunity currently available to resolve the global health worker shortage is not missed. We look forward to your continued support and encouragement. Together we must continue to work to ensure that the exceptional work of 2008 moves from words to deeds, resulting in concrete progress on the ground in 2009.

DR MUBASHAR SHEIKH ■

NEWS

GHWA BOARD ENDORSES STRATEGIC DOCUMENT 'MOVING FORWARD FROM KAMPALA: STRATEGIC PRIORITIES AND DIRECTIONS 2009 TO 2011'

At the 7th GHWA Board, which took place in Ouro Preto, Brazil from 24-25 November, GHWA Board members welcomed and endorsed the 'Moving Forward from Kampala: Strategic Priorities and Directions 2009 to 2011' strategic document, as well as its accompanying three-year workplan and budget for the Alliance Secretariat.

The strategic document builds on the increased political and financial commitment in response to the human resources crisis, since the first Global Forum on Human Resources for Health convened by the Alliance in Kampala, Uganda in March 2008.



Opening ceremony of the 7th GHWA Board meeting.
Ouro Preto, Brazil

Continued on page 2.

GHWA Board endorses strategic document – Continued



7th GHWA Board meeting, Ouro Preto, Brazil

The strategic directions and priorities 2009-2011 confirmed the two main objectives within which the Alliance operates. These are:

1. To enable country leadership in national planning and management to improve the human resources for health (HRH) situation and respond to shortages of skilled and motivated health workers.

2. To address global policy challenges through evidence-informed actions to tackle trans-national problems in areas such as insufficient and inefficient use of resources, fiscal restraints on health sector spending, migration, priority research and cooperation among all stakeholders.

In achieving the objectives, the Alliance will work towards accelerating action in countries through continuing and increasing advocacy, building synergy between partners, brokering knowledge and monitoring the effectiveness of the interventions. Separate strategy frameworks in the focus areas were presented to and endorsed by the Board.

The Secretariat will work with the Board members to begin the operationalization and implementation of the 2009-2011 workplan. The strategic documents and workplan are currently going through final editing stages and will be available on the Alliance web site once complete. ■

GWA STATEMENT ON MIGRATION AND THE INTERNATIONAL CODE OF PRACTICE ON THE INTERNATIONAL RECRUITMENT OF HEALTH WORKERS

With the international code of practice for the international recruitment of health personnel on the agenda of the WHO Executive Board in January 2009, the Alliance Board discussed and endorsed a statement on the issue of migration and the Code, at its November Board meeting. The full statement can be accessed on the GHWA web site at:

<http://www.who.int/workforcealliance/media/en/>

Since its inception, the Global Health Workforce Alliance has clearly identified health worker migration as one of the fundamental issues to be addressed for the resolution of the health workforce crisis. Among other elements, the GHWA statement includes a set of suggested action points to be considered in the Code deliberations and development, in line with the strategies and actions outlined in the Kampala Declaration and Agenda for Action. These are that:

- Governments should monitor health workforce flows in and out of countries, making such data transparently available and using this information to inform policy and management decisions;
- The World Health Organization will accelerate negotiations for a code of practice on the international recruitment of health workers. This

code should be a tool used by countries, regions and health professionals to negotiate agreements;

- Consistent with the agreed code of practice, destination countries should commit to supporting and enhancing the education and training of health workers both at home and in source countries. Actions should also be taken to realize the untapped potential of the health worker diasporas for improving health services in source countries;
- All countries should work collectively to address current and anticipated global health workforce shortages. Richer countries should give high priority and adequate funding to train and recruit sufficient health personnel from within their own country; and
- National governments should be supported to develop coherent policies and build capacity to analyze the implications of trade agreements on the mobility of the health workforce. This should be informed by stakeholder consultation mechanisms within and outside government;
- Stakeholders should test and evaluate innovative interventions in the international health workforce market to assist retention. ■

IN BRIEF

A NEW LOOK AND FEEL FOR THE GHWA WEBSITE

The Alliance web site has gone through a transformation! Launched to mark the start of 2009, the site boasts a new-look and navigation structure, to help provide our visitors with more comprehensive sources of information on the health workforce crisis and the Alliance's response. The updated site offers a more intuitive navigation and new features under the section headings 'About the Alliance', 'Members and Partners', 'Forum', 'Knowledge Centre' and 'Media Centre'.

Please take some time to check out the new site at : www.who.int/workforcealliance

We'd be delighted to receive your feedback and suggestions for improvements - please send us your comments to: ghwa@who.int ■



G8 TOYAKO FOLLOW UP: «TAKEMI WORKING GROUP» POLICY RECOMMENDATIONS

As a follow up to the 2008 G8 summit in Toyako, Japan--which produced strong commitments on addressing the health workforce crisis as part of collective action to strengthen health systems in developing countries--Japan's Ministry of Foreign Affairs and a host of partners held an international conference on Global Action for Health System Strengthening in November 2008.

The conference - which included representation from GHWA and a number of members and partners - heard and discussed recommendations from the specially set-up "Takemi Working Group" on three key policy areas—financing, information, and the health workforce—that affect the performance of health systems and that

were of focus at the 2008. Building on dialogue with experts at the Conference, the final recommendations and report was submitted to the Japanese and Italian governments in January 2009 for consideration for the 2009 G8 Summit agenda.

Read the full Takemi Working Group report: <http://www.jcie.org/researchpdfs/takemi/full.pdf>

More on the policy recommendations can be accessed through the Lancet: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(08\)61899-1/fulltext?_eventid=login](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)61899-1/fulltext?_eventid=login) (free registration required). ■

BAMAKO - CALL TO ACTION AND COMMUNIQUÉ

The Bamako *Call to Action* on health research was adopted by participants of some 75 countries at the Global Ministerial Forum on Research for Health hosted by the Government of Mali, in Bamako, in November. The *Call to Action* urges national governments to allocate at least 2% of budgets of ministries of health to research. Furthermore, funding and international development agencies, are urged to invest at least 5% of funds earmarked for the health sector in research, according to country-led research strategies. The *Call to Action* also stresses that 'the global research for health agenda should be determined by national and regional agendas and priorities'. It endorses the

principle of "engagement", by encouraging "civil society and community participation in the entire research process, from priority setting to the implementation and evaluation of policies, programmes, and interventions".

The *Call to Action* is also accompanied by a communiqué. Highlights from the communiqué include emphasis on inter-ministerial coordination of research for health, a call to engage the private sector, and a call to link research for health to policy.

More information can be found at : <http://www.bamako2008.org/> ■

HEALTH WORKFORCE CRISIS HIGHLIGHTED FOR AFRICAN PARLIAMENTARIANS

For the first time, Heads of Parliamentary Committees on Health, Finance, Gender and HIV/AIDS from over 20 African countries joined in Addis Ababa, Ethiopia, at an event to bring Parliamentarians together for joint discussions, information and knowledge on their Committee focus areas. Organized by Alliance member the 15% Campaign with the African Union and the UN-Economic Commission for Africa, the three-day meeting welcomed a variety of participants from anglophone, francophone and lusophone countries. Parliamentarians were also briefed on key issues - including the health workforce crisis - which cut across and impact all areas of their work. Representatives from the Alliance Secretariat, the Task force on Financing and from the Health Workforce Advocacy Alliance presented to participants on some of the key challenges and opportunities related to the shortage of health workers, particularly with regards to international and domestic financing. The meeting will be followed by a number of actions intended to continue engaging and bringing



LtoR: Dr. K. Worku (MOH Ethiopia); Ms. Y. Teriba (Woman, Gender and Development Directorate); Ms. G. Kalimugogo (Dept. of Social Affairs, AU)

together Heads of Parliamentary committees on key issues - including the health workforce crisis - to help advance agendas and progress within countries. ■

WHO-OECD HOSTED DIALOGUE ON MIGRATION

The World Health Organization (WHO) and the Organization for Economic Co-operation and Development (OECD) in collaboration with the Swiss Government jointly held a 'dialogue' meeting in Geneva in the last quarter of 2008, to address critical questions, identify common trends and potential solutions the issue of health workforce migration and retention.

The two-day dialogue was built around country case studies on migration and other health workforce issues conducted by WHO, OECD, World Bank, and the Institut National de Santé Publique et Communautaire (INSPC)

Madagascar in the following countries: Canada, France, Italy, Madagascar, Mali, New Zealand, Niger, the Philippines, Senegal, United Arab Emirates, United Kingdom and United States of America. These case studies show that there are common challenges for both developed and developing countries in all areas of human resources for health development.

More info available at: http://www.who.int/hrh/migration/who_oecd_dialogue/en/index.html Including links to meeting agenda, presentations and background documents. ■

ICN ANNOUNCES NEW GLOBAL NURSE EXECUTIVE INSTITUTE

Alliance member and partner, the International Council of Nurses (ICN) has announced the establishment of a new leadership institute for senior nurse executives from across the world. Launched as a partnership between ICN and Pfizer, the world's largest research-based biomedical and pharmaceutical company, the Institute plans its first intake in 2009. The Global Nursing Leadership Institute will offer an advanced leadership programme for nurses in senior level and executive positions in developed and developing countries. The programme will be tailored to enhance existing leadership knowledge and skills related to national and global health priorities. The Institute's programme will

operate in Geneva, Switzerland and will feature five day retreats addressing intensive and cutting-edge global leadership content.

"New knowledge gained from a global perspective can help nurse leaders to influence changes needed to positively impact health systems, population health, patient outcomes and the nursing profession nationally and globally," ICN said. ■



MOZAMBICAN HEALTH WORKFORCE DEVELOPMENT PLAN FOR 2008-2015

In response to the critical health workforce bottleneck faced by the country, the Mozambican Government launched a Health Workforce Development Plan for 2008-2015 at the end of 2008. This seven-year development plan builds on the recognition of the need to address issues of lack of training capacity, recruitment bottlenecks, low pay, low motivation, maldistribution, 'brain drain' to the private sector, limited management capacity, and of a severe absolute and relative deficit of health workers.

The Plan is an example of a well formulated and costed HR plan providing partners and governments with a solid base for investment. It identifies key strategic targets

and indicates scheduled activities to be carried out to achieve them. One of the main areas of focus of the plan is on improving the capacity of the Ministry of Health affiliated training institutions. The implementation of the plan will increase the total number of health workers from 25,683 (1.26 per 1,000 inhabitants) to 45,904 (1.87 per 1,000 inhabitants) by 2015 and bring major improvements towards achieving the health Millennium Development Goals (MDGs). A summary booklet of the Development Plan is available at: http://www.who.int/countries/moz/events/hrh_booklet_summary_en.pdf ■



GHWA APPOINTS NEW CHAIR

Members of the GHWA Board, at the 7th Board meeting in Ouro Preto, Brazil elected Dr. Sigrun Møgedal as Board Chair for an additional 18-month period through June 2010. Dr. Møgedal, who replaced Dr. Lincoln Chen, has been acting as interim chair since May 2008. Dr Møgedal is a medical doctor with professional and diplomatic engagement in the global health and HIV/AIDS response, partnership development, global and national health architecture and reform and global health challenges to foreign policy. She has been the Norwegian HIV/AIDS Ambassador since 2005. As well as her Board engagement with GHWA, Dr Møgedal is also currently a board member of the Global Fund to Fight against Aids, TB and Malaria (GFATM), the Global Alliance for Vaccines and Immunization (GAVI) and UNITAID.

From 2000-2001 Dr Møgedal was the State Secretary of the Ministry of Foreign Affairs for international development. She has also served as the Senior Executive Adviser, for Global Initiatives at NORAD, and as Senior Policy Adviser to the Executive Director of UNAIDS.

During the 1970s Dr Møgedal was Director of the Lalitpur District Community Health and Development Programme in Kathmandu, Nepal, Medical officer for primary health care at Lumbini Zonal Hospital for the Government of Nepal. From 1980-82 she was the Health Services Director of the United Mission to Nepal.

The Alliance congratulates Dr Møgedal on her confirmation as Board Chair and looks forward developing the Alliance's response to the health workforce crisis under her expert guidance. ■

NEWS FROM GHWA TASKFORCES AND WORKING GROUPS

Since its launch in January 2008, the Financing Task Force has focused on the issues of health workforce financial planning and resource mobilization at the country level. In response, the Task Force has developed a package of products which the Alliance will publish in the coming months. These include:

1. *The Resource Requirement Tool for Human resources for Health (RRT)* - A piece of software to be used at the country level to (a) estimate/project the cost to hire and trained planned human resources for health (b) to analyze the affordability of the human resources for health plan; (c) to conduct analyses of different alternative scenarios of human resources for health and (d) produce specific information for advocacy.

To date, the TF on Innovative Financing has carried out testing of the Resource Requirement Tool in Liberia and Ethiopia. The tool is being refined based on these on-going applications. It is currently being used in Uganda and Mozambique and there are plans to pilot it in the Philippines and Peru.

2. *A paper on What Countries Do Now* - This document explains seven financing and economic issues that matter for health workforce scale-up and financing. It then states twenty-nine actions that policy-makers could take right away to address the issues, independent of any long-term HRH interventions in progress.

3. *Framework paper entitled 'Financing and economic aspects of health workforce scale-up and improvement'* - Identifies key considerations for countries and policymakers planning the financing of their health workforce. The Framework Paper is a review and synthesis of the literature, research findings, and experience to date on the financing and economic aspects of the health workforce scale-up and improvement.

For further information on the Task Force and its product, please contact ghwa@who.int ■

VOICES



- “With over 15 years experience providing health care to vulnerable people living in the most difficult, forgotten corners of the world, we know that investing in health workers must be the priority. Without skilled and motivated health workers, these countries are unlikely to achieve economic progress and social development”. *Carolyn Miller, Chief Executive of Merlin, on the launch of the Hands Up for Health Workers Campaign.*



- “I am indeed honoured to serve UNAIDS. The AIDS epidemic is not over in any part of the world. We have to ensure that there is strong and long term leadership and financial commitment to respond to AIDS that is grounded in evidence and human rights.” *Mr Michel Sidibé, on being appointed as new Executive Director of UNAIDS.*



- “I look forward to continuing HWAI’s efforts and helping further our shared goal of implementing human rights- and needs-based approaches to health workforce issues and health system strengthening. 2009 must be a year where the many commitments and good words of 2008 are translated into action – financial support, robust health workforce plans, and change on the ground.” *Eric B. Williams, Policy Associate, Health Workforce Advocacy Initiative, based at Physicians for Human Rights, Washington DC.* ■

GHWA ASKS...

GHWA spoke to Board Member Dr. Francisco De Campos, of the Brazilian Ministry of Health – who, at the 7th GHWA Board meeting announced new health workforce findings for Brazil and additional analysis of the Brazilian response.

CAN YOU EXPLAIN THE LATEST BRAZILIAN FIGURES RELEASED DURING THE BOARD MEETING AND WHAT DOES THIS MEAN FOR BRAZIL?



The Ministry of Health requested the network of Observatories in Brazil to do a study of the cities in Brazil with a shortage of doctors. The study, carried out by the Federal University of Minas Gerais (UFMG) which was presented at the opening of the Board meeting, shows that close to 455 Brazilian municipalities do not have any physicians at all. The shortage of health professionals is higher outside the urban centres, in the Northeast, South and Southwest

where 25.7%, 25.5% and 24.4% of municipalities do not have a medical doctor in the health centres. The only care available to patients in those cities is to transport them to other medical centres. Brazil is not included in the 57 countries facing ‘critical shortages’ because the ratio of doctors per 1000 inhabitants for the whole country is above the WHO recommended ratio. However, the new figures are very relevant for Brazil, because while we may have a higher ratio of doctors on average across the country, the problem of distribution needs to be addressed. We must create new incentives for health professionals to be based in the remote areas and the outskirts of the big cities. ■

WHY WAS IT IMPORTANT TO HOST THE GHWA BOARD MEETING IN BRAZIL?

One of the main reasons Brazil was chosen as the venue for the Board meeting is because there are a lot of positive health workforce crisis response experiences in Brazil that are interesting to share. For example, the Reform of Undergraduate Medical Education towards PHC (PRÓ-SAÚDE – Programa Nacional de Reorientação da Formação Profissional em Saúde), Community Health Workers Training and the Health Human Resources Observatory, among others. The Brazilian experiences in field of health are quite often quoted in

reports, including the recently published report of the GHWA Taskforce on Education and Training “Scaling Up, Saving Lives”.

However, more specifically, the presence of Alliance Board members has served as an opportunity to highlight the problem in Brazil. It has been a good advocacy occasion to raise visibility on the issues facing us, and more specifically the problem of distribution of health professionals across the country. ■

HOW CAN OTHER COUNTRIES LEARN FROM THE BRAZILIAN EXPERIENCE?

Brazil is a very diverse country and as a result of this diversity we believe that many of our experiences may be very useful for other countries. Brazil has adopted a multilateral position in the international scenario and one of the top priorities for our external policy is to establish further technical cooperation with other countries, especially with those on the South-South

axis and those in Latin America. Therefore, Brazil has been extremely open to other countries both to share these experiences and to learn from them as well. We believe that the best way to learn from our experiences is by visiting the country and getting more familiarized with the work that has been done in Brazil. ■

WHERE DO YOU SEE THE BIGGEST CHALLENGE IN ADDRESSING THE HRH CRISIS IN BRAZIL AND ALSO GLOBALLY?

The challenges have been the same for decades and they are intimately linked to poverty and inequity, resulting in a severe maldistribution of health professionals, huge disparities in the offer of educational opportunities to different segments of the world population and so on. For Brazil, there are two areas that need particular

attention: (1) how to make health professionals more accessible for every Brazilian citizen, in the cities, rural areas and even in the slums and, (2) how to bridge the gap between education services and health services delivery. ■

MEMBERS IN THE SPOTLIGHT

MERLIN UK CALLS FOR “HANDS UP FOR HEALTH WORKERS”

The Alliance joined British NGO Merlin for the launch of their two-year campaign ‘Hands Up for Health Workers’, in November 2008. With a shortage of four million doctors, nurses and midwives around the world, Hands Up for Health Workers calls for investment in health staff to become a global priority.

Highlighting 57 countries dealing with critical health worker shortages, of which 36 are African, the campaign calls for funding to train additional staff needed and refresher training for those already working. It also asks for a regular living wage for health workers and incentives for them to work in remote or hostile environments. Merlin has created a dedicated microsite



to support the campaign featuring articles, videos and photographs from the Central African Republic.

More information on what you can do to support the campaign can be found at:

<http://www.handsupforhealthworkers.org> ■

PSI CAMPAIGN FOR ETHICAL RECRUITMENT OF HEALTH WORKERS



Marking international migrants day on December 18, Alliance member Public Services International (PSI) launched an advocacy campaign to promote the ethical recruitment of health workers. PSI calls

public sector unions and civil society organizations to join their campaign around alleviating negative impacts of health worker migration through political and public lobbying activities. A network across 16 countries, established as part of the PSI International Migration and Women

Health Workers Project, is leading the campaign. “PSI and its affiliates are working very hard to defend better pay and better working conditions so that health care workers have the option to stay [in their countries]. However, if and when they eventually decide to migrate due to lack of decent work opportunities in their home countries, we have to ensure that their rights are protected, they have the proper information and that they are able to join trade unions in the destination countries,” said Peter Waldorff, PSI General Secretary in a statement issued on the day of the campaign launch.

Find out more on the campaign:

<http://www.world-psi.org> ■

INTRODUCING... THE NEW FOCAL POINT FOR HWAI

The Alliance is delighted to welcome Eric Williams as the newly appointed Policy Associate and focal point for the Health Workforce Advocacy Initiative. Some of his previous work has focused on advocacy and policy

development at the Bill & Melinda Gates Foundation and the Global Business Coalition on HIV/IDS, TB and Malaria. To contact Eric, write to:

ewilliams@phrusa.org ■

MEMBERSHIP APPLICATION PROCESSES

Following the recent update of the GWA website - membership criteria, responsibilities and benefits are now clearly defined and available online at www.who.int/workforcealliance. We are aware that there are a number of membership applications currently pending - we apologize for this delay. We are now working to review and process your application as soon as we can. For those interested in becoming a member, you can apply online or write to us at ghwa@who.int, where you can also contact us with any questions related to your membership application. ■

FEATURE

THE POWER OF TECHNOLOGY: BRAZIL'S EHEALTH INITIATIVE

New technology concept 'eHealth Brazil' is proving to be a healthcare blessing for many Brazilian citizens in rural areas.

For Hulio and his family living in the remote part of Northern Brazil, life has been greatly improved through this newly introduced telemedicine initiative. Previously, Hulio - who suffers from a long-term chronic disease, requiring constant care - had to travel long distances for medical checkups and monitoring. But now, thanks to the Brazilian e-health initiative, he is able to receive important parts of his healthcare at the touch of a button!

Many remote villages in Brazil that lack easy access to hospitals and medical facilities are now being helped by telemedicine and digitized health information, which are helping millions of citizens improve their daily lives. "It is a real bonus for us to be able to have access to medical care so close to us," said Hulio. "I remember as a young boy, I would have to travel for at least six hours to get to the nearest medical centre."

The pilot eHealth Project is coordinated a by the Ministry of Health and involves Health and Education Institutions. The main objective of eHealth Brazil is to improve the quality of Primary Care services of the wider Unified Health System (SUS). It strives for:

- The development of distance education for the Health Family Teams, through virtual library, video conferences and consultations, public TV channels, video streaming and chats.
- Encouraging a "second opinion" based on a structured consultancy system among the experts in medicine and workers from Family Health and also the educational institutions etc. So the priority is to have a second opinion given by the most experienced professionals, not limiting the possibility of other specialists' participation.
- Ensuring availability of up-to date information technology and communication training.

Hulio's village has a small medical centre, which is manned by a doctor and a nurse - called a 'Family Health Team'- , where he is able to access treatment each week.

The medical centre is equipped with a computer and internet access, which allows the doctors to be part of

health information networks, maintain electronic health records, and coordinate telemedicine services. When the doctor is unable to diagnose a given ailment on-site or if they require a second opinion, there are able to do so through video conferencing and consultations, and send real-time information back to doctors at health clinics in bigger cities.

This service enables more efficient organisation of resources and care provision leading to greater productivity with the promise to raise the quality of health care in rural areas. The initiative is also leaving to significant cost-savings for rural municipalities – meaning more funds freed up for use in other critical areas.

eHealth Brazil started with the implementation of nine eHealth nuclei in the following states: Amazonas, Ceará, Pernambuco, Goiás, Minas Gerais, Rio de Janeiro, São Paulo, Santa Catarina and Rio Grande do Sul. Each Nucleus is connected to 100 stations (900 stations altogether). These units are installed in Basic Health Units, spread all over the above mentioned states, and now total approximately 2,700. So far, Family Health Teams, like the one in Hulio's village, benefit about 11 million inhabitants. The eHealth initiative is supported by nine Brazilian Universities, to provide online training courses and develop up-to-date, straightforward training materials.

For many like Hulio, the eHealth initiative is an example of how the power of technology is leading to tangible healthcare gains. "Initiatives like this are working for the betterment of our lives and are helping achieving lasting benefits," Hulio said. ■



Rural populations often lack easy access to medical facilities

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Courtesy of Photoshare

CALENDAR OF EVENTS

JANUARY

- 26 - 29 Jan «Leaders in Healthcare» Conference, Dubai
- 26 Jan - 3 Feb 12th AU Summit, Addis-Ababa, Ethiopia
- 28 Jan - 1 Feb World Economic Forum meeting, Davos, Switzerland

FEBRUARY

- 2 - 3 Feb First expert meeting on Increasing access to health workers in remote and rural areas WHO guidelines and policy recommendations, Geneva, Switzerland
- 3 - 4 Feb Health Worker Migration Advisory Council, Oslo, Norway, Switzerland
- 4 - 5 Feb International Health Partnership Ministerial Review meeting, Geneva, Switzerland

- 12 - 13 Feb Aspen Global Health Forum, Rome, Italy
- 23 - 26 Feb Africa Christian Health Associations biennial conference, Kampala, Uganda
- 17 - 18 Feb First meeting of G8 Health experts group
- 23 - 26 Feb Global Healthcare Congress - Crossing International Borders, Singapore

MARCH

- 8 Mar Seminar Human resources for health and the future of health care, Reykjavik, Iceland
- 24 Mar World TB Day
- 26 - 28 Mar Humanitarian Action Summit, Cambridge, USA



ICN CONGRESS ABSTRACT PROGRAMME NOW AVAILABLE ONLINE

The 24th ICN Quadrennial Congress, will take place from 27 June to 4 July 2009. The programme is now available online. For more information, visit the Congress website at: www.icn.ch/Congress2009 ■

LATEST PUBLICATIONS

- HIV and Human Resources: Competing priorities or interconnected solutions? Summary of a satellite meeting held at the XVII International AIDS conference, Mexico City, Mexico, 3 August 2008
- First coordination meeting of the GHWA Task Forces and Working Groups, Geneva, Switzerland, 3 October 2008
- Working together: addressing the health workforce crisis - Meeting with the Eastern Mediterranean countries facing the health workforce crisis, Cairo, Egypt, October 11- 13 2008
- Exploring ways for countries to address their HRH crisis - Report of GHWA side meeting of crisis countries at the 3rd AAAH conference, Kandy, Sri Lanka, 14 October 2008
- GHWA collaboration with eight pathfinder countries - A Status Report. November 2008

The above publications are available on our website at : www.who.int/workforcealliance.
If you would like to receive a hard copy, please write to us at ghwa@who.int.

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For further information and regular updates, we invite you to visit www.who.int/workforcealliance

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