



**Advocacy Working Group
Global Health Workforce Alliance**

**The 2007 G8 Summit:
Robust Health Workforce and Health Systems Commitments Needed
April 2007**

The Advocacy Working Group of the Global Health Workforce Alliance has learned that the current draft G8 communiqué lacks a commitment to the level of support needed to cover health sector financing gaps, and that the major health systems initiative presently on the table for the G8 is the “Providing for Health Initiative” on social health protection. We certainly agree with the need for expanded strategies to increase access to health services and prevent the costs of health services from causing or deepening poverty. However, we are deeply concerned that **if the 2007 G8 action on health systems is not significantly expanded and revised, the G8 will have failed to address the health workforce crisis that is a fundamental obstacle to successfully scaling up essential health interventions needed to fight AIDS and reach the Millennium Development Goals.**

Health workers are the engines that make health systems work. Without its workers, health systems cannot function, essential health services will not be delivered, and the crushing level of death and illness in many parts of the developing world, especially sub-Saharan Africa, will persist. The World Health Organization (WHO), the Joint Learning Initiative, and UNAIDS have forged a broad consensus that recognizes that **the shortage of health workers is the major limiting factor to further scaling up HIV services.** The need for greatly expanded health workforces extends well beyond AIDS. For example, WHO has determined that “Putting in place the health workforce needed for scaling up maternal, newborn and child health services towards universal access is the first and most pressing task.”

In August 2006, WHO’s Acting Director-General Anders Nordström declared that “the crisis in the health workforce....calls for drastic measures.” We urge the Heiligendamm G8 Summit to commit to those measures.

Most significantly, we urge the G8 to build upon the commitments that African ministers of health made earlier this month at the 3rd Conference of African Ministers of Health. They committed to develop comprehensive, costed National Health Plans. Without support from development partners, however, planned implementation will face immense funding gaps. If these funding gaps are not covered, the health workforce, already under severe distress, will continue to suffer, and health goals – including commitments made by the G8 – will not be achieved. The G8 must take actions that will **significantly expand technical and financial resources for health systems**, including the education, training, deployment, and retention of a skilled health workforce. The G8 must be willing to help pay for recurrent costs such as salaries.

It is not enough to commit to or call on others to provide targeted support to health systems development. **The G8 should commit to provide its full fair share of financial and technical resources necessary to cover financing gaps and ensure development and full implementation of comprehensive and costed national health plans that include health workforce plans and that are aimed at meeting or exceeding the MDGs and achieving Universal Access.** Anything less places these commitments at grave risk of not being met. This support should be long-term and predicable. In line with the Paris Declaration, the G8 should harmonize its assistance with national plans.

The G8 should take additional measures needed to expand fiscal space and redress the health workforce crisis, including heeding calls from the African health ministers in the Africa Health Strategy 2007-2015 for “western governments to . . . increase investments in the training of their own health care workers . . . [to] reduce the pull factors in developed countries” and “for the lifting of expenditure ceilings imposed by partners in health and other social services.”

Specifically, the G8 should commit to ensuring that fiscal and monetary policies are aligned with the fiscal space required to achieve or exceed the MDGs, including through an immediate revision to policies that have led to hiring freezes on health workers and teachers. And the G8 should engage developing countries in formulating a comprehensive strategy to address health worker migration, including by adopting policies to develop self-sustainable health workforces of their own and to follow ethical recruitment practices.

African health ministers have recognized that addressing the health workforce crisis is central to advancing health in Africa. The G8 must provide far-reaching support for their efforts, and commit itself to the financing and other measures necessary to ensure that African and other countries have the health workers they require to achieve health goals and to enable all people, including hard-to-reach and other marginalized populations, to have ready access to skilled, motivated, and supported health workers. Success is possible. Effective approaches are being taken. With sufficient levels of sustainable financial and technical support, robust, comprehensive, and equitable national strategies can be put into place to overcome this crisis. We would be pleased to provide you further information on effective approaches.

We continue to respectfully but emphatically urge that in 2007, the G8 not simply commit to unspecified investments in health workers and systems, but to making the investment in health workers and health systems *at levels necessary to achieve international commitments and national goals* and to aligning support with national plans and to taking the other policy steps required to help ensure that these investments translate into stronger health workforces and health systems, and many lives saved.