



Health Workforce Advocacy Initiative

The Health Workforce Advocacy Initiative is the civil society-led network of the Global Health Workforce Alliance.

August 16, 2007

Dear Secretary of State Alexander,

The Health Workforce Advocacy Initiative welcomes the new increasing health access initiative, with its focus on the development and implementation of robust health sector plans, improved health outcomes, and its recognition of the importance of health staff to the development of strengthened, integrated health systems. We urge partners to this initiative to mobilize the funding necessary to fully implement these plans so as to achieve the Millennium Development Goals, universal access to HIV/AIDS treatment, care, prevention and support, and other health goals.

We welcome this opportunity to provide feedback on the draft documents made available. Here we offer some specific concerns based on the draft material we have received, and provide some suggestions as to how to incorporate these into the compact itself. In the near future we will also provide you what we see as key principles to guide the development of the health workforce plans that must be part of the overall national health plans.

Political support

If this initiative is to function as the core framework to bring all partners together to support health systems strengthening, it requires the full political support of key bilateral donors, including Germany and Japan as the current and next G8 leads, and the United States as the largest bilateral donor. We hope that the UK government will put its efforts into winning this support in advance of the launch, or downgrade the announcement on September 5, and proceed with a full launch only once other key donors are on board.

Participation

It is insufficient to involve citizens and civil society simply so that they “know what to expect and can give feedback on performance” (as stated in the draft compact). Knowledge and feedback are indeed crucial, but first citizens must be involved in developing the plan, and more broadly on how this increasing health access initiative takes effect at the national level. Such involvement in health-related decisions is a central element of the right to the highest attainable standard of health.

It is vital that as this initiative goes forward, DFID and partners at global and national level seek and incorporate representation and participation from a wide range of government and non-governmental stakeholders in a transparent, sustained, and structured way both in the planning and ongoing governance of the initiative and in the national planning processes themselves. Governments and other partners should be proactive in ensuring that socially disadvantaged and marginalized populations fully participate in the development and monitoring of the plan.

Goals and financing of the national health plans

The health access initiative currently fails to, yet must, emphasize that the development and strengthening of national plans will be explicitly guided by internationally agreed goals including the health MDGs, universal access to HIV/AIDS services by 2010, universal access to sexual and reproductive health services by 2015, and the African Union commitment to achieve universal access to an essential health package by 2015. Furthermore, the compact should state that national plans must:

1. be designed in accord with human rights principles.
2. be designed to achieve universal and equitable access to essential health services (and not simply “increasing the numbers of people who have access”).
3. give particular attention to all vulnerable or marginalized groups in both the process by which the plans are devised and their content.
4. be evidence-based and respond to the identified priority health needs of the poorest and otherwise marginalized segments of society.
5. include comprehensive, costed national health workforce plans that are designed to ensure that all people, including poor, remote, and other marginalized populations, have equitable and sustained access to a skilled, motivated, and well-equipped, informed, and managed health workforce who have decent wages and good working conditions, are integrated into well-functioning health systems, and are sensitive to the rights and needs of the diverse populations they serve.
6. identify and emphasize links between health and other sectors, including water, sanitation, education, justice, environment, agriculture, and social welfare. Joint planning should occur with these sectors and be incorporated into national health plans.
7. include a strategy to achieve health literacy and community empowerment.
8. eliminate point-of-service payments for essential health services (user fees) and replace them with sustainable financing schemes designed to enable all people, including the poor, to access quality health services.
9. be flexible, living documents that will be updated as needed to reflect new evidence, changing epidemiology, or other changes in circumstance.

The initiative should explicitly commit partners to the financial support required to **fully** implement these ambitious plans. The significant danger of retro-fitting plans to the financing available must be avoided. A prior commitment to funding is needed to give countries the confidence to develop plans sufficiently ambitious to achieve the health MDGs and other health goals. Any financing gaps that would preclude achievement of the health goals and commitments that guide the development of the plans should be considered “critical funding gaps” that Governments and partners together must bridge in their entirety.

In its commitment to collaborate with International Financial Institutions, this initiative must insist on a change in policy and practice from the IMF – as well as many ministries of finance – to remove overly restrictive fiscal constraints that work to prevent an expansion of government spending on health, and can even limit donor funding that goes towards increasing health spending. In particular, the IMF, along with independent economists representing a range of approaches, should present countries a much wider range of policy alternatives, ensure wide stakeholder participation in determining and developing the appropriate policies, and help work towards more expansive policies that are consistent with the public sector investments required to achieve the MDGs and other health and development goals. The Commission for Africa recognized the need for the IMF to be more flexible and participatory. This initiative must put that understanding into action.

Fragile states

An earlier draft compact questioned whether to include special provisions for fragile states. We encourage you to ensure that the initiative does cover and meet the special needs of fragile states.

Thank you for taking these views into account as you continue to develop this initiative. We will be in further touch with you as to key principles to follow to ensure that the robust national health plans incorporate similarly robust health workforce plans.

Sincerely,

Eric A. Friedman
Chair, Health Workforce Advocacy Initiative
Global Health Workforce Alliance