

PROPOSED G8 STATEMENT ON HEALTH WORKFORCE

The Global Health Workforce Alliance Advocacy Working Group urges the G8 to adopt the following statement at the G8 Summit in Heiligendamm, Germany, in June 2007:



✿ We commit to ensuring that all people, including marginalized populations, have equitable access to a skilled, motivated, and equipped health workforce with decent wages and good working conditions, and with our partners will develop ambitious yet achievable timelines and benchmarks towards achieving this goal.

✿ We will sustainably support developing countries with the full financial and technical resources necessary to ensure development and implementation of costed health sector development plans that include as a priority comprehensive and costed health workforce plans and that are aimed at meeting or exceed-

ing the MDGs and achieving Universal Access.

✿ We commit to ensuring that fiscal and monetary policies are in place to enable countries to implement these plans and to achieve or exceed the MDGs, including by supporting an immediate revision to policies that have led to hiring freezes on health workers and teachers.

✿ We will harmonize disease initiatives with national health systems and health sector strategies, ensure that these initiatives invest in health systems, and build national health administrative and management capacity.

✿ We will engage developing countries in formulating a comprehensive strategy to address health worker migration and will adopt policies to develop self-sustainable health workforces to meet our own health workforce needs while following ethical recruitment practices.



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EIGHT SUGGESTED KEY ACTION POINTS FOR G8 RESPONSES TO GLOBAL HEALTH WORKFORCE CRISIS

The Global Health Workforce Alliance Advocacy Working Group urges the G8 to adopt the following language and commitments at the G8 Summit in Heiligendamm, Germany, in June 2007

1. Health workforce goal: We commit to ensuring that all people, including poor, remote, and other marginalized populations, have equitable access to a skilled, motivated, equipped, and supported health workforce who have decent wages and good working conditions. We will work with partners, including civil society and developing country governments, to develop maximally ambitious yet achievable timelines for achieving this goal, and will develop benchmarks to measure progress and track commitments towards achieving this and other national, regional and global human development targets.

2. Health workforce and health systems planning: We will provide the technical and financial support needed to develop and fully implement costed, integrated health systems strengthening and health sector plans to achieve the MDGs and other human development goals, including as a priority comprehensive, costed health workforce plans developed with broad participation.

3. Health systems strengthening: We will harmonize disease-specific initiatives with national health systems and health sector strategies, ensure that disease-specific initiatives also invest in health systems strengthening, and utilize and help to enhance national human and infrastructure capacity. We will invest in building national health administrative and management capacity.

4. Health financing: We will provide long-term, predictable financing for strengthening health systems in developing countries, where possible moving towards sector-wide budget support for health sector development strategies.

5. We will provide the financing necessary to ensure that, through our own funds and those of developing country governments and other national and international partners, health sector development strategies, including comprehensive health workforce plans, are fully funded.

6. Working with partners, including civil society, we will re-examine macroeconomic policies and fiscal rules, to enable the implementation of fiscal and monetary policies that are consistent with human development needs and that will enable countries to achieve or exceed the MDGs and other commitments related to human development. Determined that any freezes on hiring health workers and teachers should end immediately, we commit to reforming macroeconomic policies and resolving other circumstances that result in such freezes.

7. Population access to health care: We will provide the needed financial and technical support to developing countries to design and implement sustainable financing schemes that can support the elimination of point-of-service payments for essential health services and that are designed to enable all people, including the poor, access to quality health services.

8. Health workforce in G8 countries: We will engage developing countries in formulating a comprehensive strategy to address health worker migration, and will take the measures necessary to establish in our own countries self-sustainable health workforces, including by increasing supplies of domestically-educated health workers, promoting positive practice environments, and following (and ensuring that the private sector follows) ethical, human rights-based recruitment policies.