GHC is the leading membership organization supporting and connecting advocates, implementers, and stakeholders around global health priorities worldwide. The organization represents the collaborative voice of the community on key issues, convenes stakeholders around key priorities, and actively engages with decision makers to influence global health policy.

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About the Policy Scrums

- Last year, GHC launched its first World Health Assembly (WHA) Policy Scrum Series
- WHA Policy Scrums occur bi-weekly leading up to the WHA in May (22-28)
- Each session addresses two or more topics which will be addressed on the WHA agenda: http://tinyurl.com/WHA69Docs
- The WHA Policy Scrums provide a venue for the global health community to discuss agenda items in detail, ask questions, and determine next steps, if applicable
AGENDA

— Welcome & Overview of Policy Scrum Webinar Series
  Christine Sow, Global Health Council (GHC)
  — Logistics
    Liz Kohlway, GHC
  — Human Resources for Health
    Vince Blaser, Frontline Health Workers Coalition (FHWC)
    — Q&A
  — Research & Development
    Erin Morton, Global Health Technologies Coalition (GHTC)
    — Q&A
  — Next Steps
    Liz Kohlway, GHC
  — Closing
    Christine Sow, GHC

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If you would like to ask a question, please use the **chat box**

When asking a question, please type your **full name and organization**:

Ex. John Smith, Global Health Council: How do I ask a question?
HUMAN RESOURCES FOR HEALTH

VINCE BLASER | DIRECTOR | FRONTLINE HEALTH WORKERS COALITION

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Health Workforce at 69th World Health Assembly: Workforce 2030 takes center stage
Why is workforce strengthening critical to global health progress?

- Every country in the top 20 in child mortality rates was classified as a health workforce “crises country” by the WHO in a country in 2006.*

- Among the 73 countries that account for 96% of maternal deaths, only 4 have the potential midwifery workforce to deliver sexual, reproductive, maternal and newborn health essential interventions.

- 23 of USAID’s 24 priority countries on family planning are health workforce crises countries.

- #1 barrier identified in by PEPFAR focus countries in retaining clients in pre-ART care were lack of adequate staff or staff attrition.

- Guinea, Liberia and Sierra Leone all had less than 3 doctors, nurses & midwives per 10K people before the Ebola epidemic (WHO says at least 23/10K needed to deliver essential services).

* With exception of South Sudan, which wasn’t a WHO member state in 2006.
In the past decade, global policy discussion on workforce has been driven by the 10-year mandate of the Global Health Workforce Alliance and the “decade of action” called for by Joint Learning Initiative and the 2006 WHO World Health Report.

The Global Health Workforce Alliance will be closing this year, to be replaced by an “HRH Network” managed by WHO still to be defined/developed (http://www.who.int/workforcealliance/media/news/2016/hrh_public-consult/en/).

Health workforce strategy development process

**GLOBAL HRH STRATEGY: KEY TIMELINES**

**2013**
- G8/HIV Board working group on HRH strategy established
- 17th G8/HIV Board meeting reviews drafts of 8 thematic papers and gives feedback to the working groups
- Third final draft of 8 thematic papers reflecting inputs of public consultation and outcome of UNGA 2014

**2014**
- Consultation at the 2014 WHO meeting
- World Health Assembly requests WHO DG to develop global strategy on HRH
- Public consultations on the 8 thematic papers launch at Cape Town health system research symposium
- Development of 8 draft WHO global strategy on HRH
- Production of second drafts of 8 thematic papers
- UNGA debates post-2015 development agenda and goals
- Collection of evidence and external consultation opportunity with member states

**2015**
- 18th G8/HIV Board meeting
- WHO considers synthesis paper with recommendations on global HRH strategy
- UNGA 2015 defines post-2015 development agenda, goals and targets
- Contents of WHO Global Strategy on HRH adapted to reflect RCP inputs and outcome of UNGA 2015

**2016**
- WHO EB considers WHO Global Strategy on HRH

Workforce 2030 driven by SDGs
- 3.8 Achieve universal health coverage, including … access to quality essential health-care services
- 3.C Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

New UN Commission on Health Employment and Economic Growth to deliver report at 2016 UNGA, including financing health workforce strengthening
Workforce 2030: Summary


- Overall goal:
  - “To improve health and socioeconomic development outcomes by ensuring universal availability, accessibility, acceptability and quality of the health workforce through adequate investments and the implementation of effective policies at national, regional and global levels.”

- What will this mean in practice?
  - All member states expected to meet “Global Milestones” in strategy by 2020 & 2030
  - WHO will provide technical cooperation and normative/policy guidance, facilitate sharing of best practices, identify evidence-based policy options, collect data on health worker attacks and yearly reporting on HRH indicators in support of strategy, among other activities.

- Key Questions:
  - How will strategy link to, be taken up by existing global health strategies, frameworks?
  - How can/will the strategy affect financing for HRH?
By 2020:

- All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda
- All countries have a human resources for health unit with responsibility for development and monitoring of policies and plans on human resources for health
- All countries have regulatory mechanisms to promote patient safety and adequate oversight of the private sector
- All countries have established accreditation mechanisms for health training institutions
- All countries are making progress on health workforce registries to track health workforce stock, distribution, flows, demand, supply, capacity and remuneration
- All countries are making progress on sharing data on human resources for health through national health workforce accounts and submit core indicators to the WHO Secretariat annually
- All bilateral and multilateral agencies are strengthening health workforce assessment and information exchange
By 2030:

• All countries are making progress towards halving inequalities in access to a health worker
• All countries have reduced to 20% or less the prequalification attrition rates in medical, nursing and allied health professionals training institutions
• All countries are making progress towards halving their dependency on foreign-trained health professionals, implementing the WHO Global Code of Practice
• All bilateral and multilateral agencies are increasing synergies in official development assistance for education, employment, gender and health, in support of national health employment and economic growth priorities
• As partners in the UN Sustainable Development Goals, to create, fill and sustain at least 10 million additional full-time jobs in health and social care sectors in low- and middle-income countries
Other workforce-related items of note on WHA Agenda

- 12 – NCD reports
- 13.2 Health in the 2030 Agenda for Sustainable Development
- 13.3 Operational plan to take forward Global Strategy on Women’s, Children’s and Adolescents’ Health
- 14.1 Implementation of International Health Regulations
- 14.6 WHO response in severe, large-scale emergencies
- 14.8 2014 Ebola virus disease outbreak (update)
- 14.9 Reform of WHO’s work in health emergency management
- 15.1 Draft global health sector strategies (HIV, viral hepatitis, STIs)
- 15.2 Global Vaccine action plan
- 16.1 Framework on integrated people-centered health services
How can GHC members get involved?

- Express support/advocate for changes to Workforce 2030 strategy through member state delegations.

- Submit to UN Commission’s call for contributions (deadline April 11): http://www.who.int/hrh/com-heeg/hrh_heeg_call/en/

- Participate & get involved in HRH network as it develops (follow here http://www.who.int/workforcealliance/en/)

- Ensure that workforce is central to discussion of all health workforce topics discussed during WHA (background available from FHWC secretariat and http://frontlinehealthworkers.org/)

- Potential statements and events pending
Thank You

For questions, contact:

- Vince Blaser, Director, Frontline Health Workers Coalition: vblaser@intrahealth.org
- Scott Weathers, Global Policy Fellow, IntraHealth International: sweathers@intrahealth.org
Global Health Technologies Coalition

Global health R&D at WHA 2016

Erin Will Morton
March 22, 2016
@GHTCoalition
What is happening in R&D?

- Consultative Expert Working Group (CEWG)
- UN Secretary General’s High-Level Panel on Access to Medicines (HLP)
- Rise of antimicrobial resistance across diseases (AMR)
- Need for R&D on emerging or re-emerging diseases
Consultative Expert Working Group

- Long process going back to the early 2000’s
- Current proposal for an R&D Observatory and pooled R&D fund at WHO
- Open-ended meeting May 2-4
- WHA resolution?
- Advocates on both sides of the issue; some see promise, but also concerns
UN Secretary General’s High-Level Panel

• UN SG Appointed the panel in late-2015 to produce a report by June 2016
• Addressing access to medicines
• Very charged issue
• Strong opinions on both sides of debate
• Unlikely to be a formal WHA resolution, but this will definitely be part of the conversation
Antimicrobial Resistance and Emerging Threats

- Rise of antimicrobial resistance is a hot topic-looking ahead to UNGA 2016 and head of state-level events—already WHA resolution endorsing this
- Present in larger discussions (CEWG, HLP, etc.), no specific resolution this year
- Emerging/re-emerging diseases and pandemic preparedness are also high on priority lists, but the only EB discussion was on influenza specifically
- Preparedness will continue to be a topic to watch, and may also come up in funding prioritization discussions
Questions?

Erin Will Morton
Director
Global Health Technologies Coalition
ewmorton@ghtcoalition.org
USEFUL R&D LINKS

- UN Secretary General’s High-Level Panel on Access to Medicines
  - http://www.unsgaccessmeds.org/

- Draft global action plan on antimicrobial resistance
  - http://www.who.int/drugresistance/events/meetings_events/en/

- GHTC Webinar: Better together? Exploring the proposal for a pooled fund for global health research and development

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Nadia Cobb, Director, Office for the Promotion of Global Healthcare Equity, Univ. of Utah: Thanks Vince for a good overview of the WHA HWF scene - will there be discussions about different workforces that serve primary care needs globally - like clinical officers, health assistants, etc? This was an area that Dr. Jim Campbell has noted a need for defining, etc in order to scale up workforce at the community level.

Noella Bigirimana, Independent Consultant: Vince, I am wondering if you know about HRH initiative in Rwanda. It brings together U.S. institutions who strengthen training of health workforce. Financing is provided through existing health system strengthening activities.
NEXT STEPS

LIZ KOHLWAY | MANAGER, MEMBER ENGAGEMENT & COORDINATION | GLOBAL HEALTH COUNCIL

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COMING SOON

- **Next WHA Policy Scrum** ~ Noncommunicable Diseases and Aging
  April 5 at 1:00 PM EDT

- **Sixty-Ninth World Health Assembly** ~ May 22 – 28

- **GHC @ WHA** ~ GHC will be sending a delegation. For information on room blocks, calendar of events, & more, visit [www.globalhealth.org/ghcwha69](http://www.globalhealth.org/ghcwha69)

- **GHC Special Events Calendar** ~ If you have a side event for our calendar, please email events@globalhealth.org

- **WHA Statement Submission** ~ If you are a GHC member, you can submit statements to GHC for review and possible inclusion in GHC’s submission to the WHA official record

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THANK YOU FOR ATTENDING!

QUESTIONS? E-MAIL EVENTS@GLOBALHEALTH.ORG.
JOIN GHC TODAY! WWW.GLOBALHEALTH.ORG/JOIN