



## No Progress towards Universal Health without Health Workers: A Civil Society Commitment

The health workforce crisis remains a core barrier to achieving the Millennium Development Goals (MDGs) for health with only 31% and 12% respectively of 75 Countdown countries likely to attain MDGs 4 and 5. Despite donor and country commitments at the 1st and 2<sup>nd</sup> Global Forums on Human Resources for Health, the global health workers' shortage persists. Of the 57 countries identified as falling below the WHO target only 19 have seen an improvement in their aggregate health worker density. Earlier commitments to increase domestic resources or external aid, as well as implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, remain largely unfulfilled.

National and international funds have been channelled to strengthen health workforce programs, like task shifting and the scaling-up of community health worker's programmes. However, too little investment has been targeted at the recurrent costs of health workforce development, for instance on salaries, education and social protection measures for health workers. The inequitable distribution of health workers through increased mobility and migration within and between countries adversely affects access to health.

Health workers and a robust health system are essential for universal health coverage (UHC), and realizing the right to health through universal health systems.

**Therefore at the 3rd Global Forum on Human Resources for Health in Recife, Brazil, we, the undersigned representatives of civil society organizations hereby commit to:**

**Strengthen the advocacy of health workers and civil society for improved infrastructure, support and working conditions**

**We will:**

- Help amplify the voices of health workers, especially those at the lower levels of care and support their work to influence national and global health policies and plans.
- Assist local civil society organizations to ensure their voices are heard in global and national health workforce policy discussions.
- Assist in strengthening the capacity of patient groups to advocate for equitable and quality services staffed by sufficient, competent and equipped health workers at all levels of care.
- Recognise the gender dimensions of the health workforce and champion the rights of women health workers.

**Catalyse a strong movement for health workers**

**We will:**

- Advocate for governments at all levels to institute plans and allocate adequate resources for human resources for health (HRH) to ensure that every person has access to a trained, supported and equipped health worker.
- Press bilateral and multilateral organizations and civil society actors to increase health workforce development efforts and financing, including of national training institutions, in alignment with government plans.
- Work with training institutions, professional and regulatory bodies to achieve quality in health worker education, including on the social determinants, so that every health worker is competent to provide quality care and accountable to the populations they serve.

- Support the development of a strong, motivated, public workers movement to counter some of the ill-effects of an increasingly globalised, inequitable and unstable economy and rapidly changing health and demographic patterns.
- Commit our own resources and expertise to assist in converting HRH policy and plans into action.

## Ensure accountable HRH systems at national and global levels

### **We will:**

- Work with governments, the Global Health Workforce Alliance, the World Health Organization, and other stakeholders to develop mechanisms to measure progress towards improved and equitable access to competent health workers
- Monitor and report on progress of public HRH commitments made by global actors and governments.
- Assist citizens and health workers in developing strategies to enhance accountability of national and global actors and challenge inequitable policies that impact on HRH development.
- Increase transparency of our programmatic and technical contributions to national HRH strategies and attempt to reduce onerous reporting requirements placed on countries. We will commit ourselves to supporting a strong public sector for health workforce development and be accountable in our own funding and technical programs to mitigate the 'internal brain drain' from the public to the private sector.

### **We will hold donors, government and multilateral actors accountable to:**

- Ensure that economic governance arrangements and fiscal space enables the development of a strong national health workforce as a long-term investment in the wellbeing of the people and the economy of a country. The return on investment to employ a health worker is many times higher than to bail out a bank.
- Provide the leadership, resources and stewardship needed to fulfil commitments made to urgently and effectively address the health workforce crisis and ensure improved and equitable access for every person to competent health services.
- By 2015, develop, finance, and implement HRH action plans, including strengthening national training institutions, with concrete targets and integrate them into national health plans.
- Ensure that health workers and civil society organizations are active partners in the health workforce policies, planning and development.
- Promote equitable access to health care by investing especially in health workers at primary and community levels and in community structures to facilitate citizens' voices.
- Improve investment in health workforce development, including salaries and social protection, and in national training institutions in order to rapidly increase numbers of HRH.
- Assist in development of robust HRH information systems to facilitate improved planning and management.
- Respect and implement the Global Code of Practice on the International Recruitment of Health Personnel including additional enforceable legislation and redistribution mechanisms to compensate for the international 'brain drain' that exacerbates global health inequalities.

### **SIGNATURES:**

- Equinet
- European Public Health Alliance EPHA
- Health Poverty Action
- Health workers for all and all for health workers HW4ALL
- Latin-America Association of Social Medicine ALAMES
- Medicus Mundi International Network MMI
- People's Health Movement PHM
- Public Services International PSI
- The Centre for Health Sciences Training, Research and Development CHESTRAD
- Wemos



**Asociación Latinoamericana de Medicina Social**  
**Associação Latino-Americana de Medicina Social**  
**Latin- America Association of Social Medicine**



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Internationale des Services Publics  
Internacional de Servicios Públicos  
Internationale der Öffentlichen Dienste  
Internationell Facklig Organisation för Offentliga Tjänster  
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