



Board response to external evaluation

25 April 2012

Executive summary

- In its first phase (2006–2011) the Global Health Workforce Alliance (the Alliance), along with its partners and members, contributed to generating a wider human resources for health (HRH) movement involving many organizations and players. This has led to significant progress in health workforce development, although important gaps persist amid the backdrop of an evolving global health and development landscape.
- The Alliance Board took detailed account of the findings of the external evaluation it commissioned, which recognized the positive contribution it had made. At the same time, the Board is fully committed to addressing the issues raised. In particular the strategic priorities of the Alliance will be revisited to ensure that the Alliance continues to play a catalytic role in the future, and actions are taken to improve the management and governance of Alliance structures. While giving the needed attention to the evaluation findings, the Board also acknowledged other assessment processes and wider strategic issues of relevance to the future directions of the Alliance.
- Looking ahead, the Board proposes that a second phase of the Alliance (2013–2016) will be characterized by:
 1. A set of transformed strategic objectives with prioritization of high value-added areas of work where an alliance will have comparative strength;
 2. A greater emphasis on results, and the specific accountability of the members, partners, regional and global networks, and countries along with its own governing structures (Board and Secretariat);
 3. A re-engineered business model and robust modus operandi, harnessing members' and partners' strengths and actions.
- The Alliance will strive to become a distinct and trusted brand for facilitating and supporting actions that ensure greater access to and improved performance of the health workforce, as a critical and integral element of the universal coverage goal and related mechanisms. The Alliance Secretariat will contribute to this agenda by mobilizing national leadership in making the required investment decisions, and in encouraging the most appropriate and effective policy options for health workforce development. The delivery of this ambitious agenda relies on a paradigm shift in the Alliance

operations, enabling pro-active actions of members and partners according to their respective mandates and roles.

- In a second phase (2013-2016), the Board proposes that the Alliance will concentrate on high value added areas to remain an influential and credible player in anticipating, responding to and monitoring key developments and challenges in the evolving HRH environment. This approach will concentrate on the following strategic objectives:
 - Advancing the agenda: Promote the adoption of coherent policies and investment decisions across different sectors and stakeholders in society through advocacy and networking to reach out to strategic constituencies in countries, regions and globally.
 - Catalysing and broadening space: Foster interaction for more effective HRH coordination, policy dialogue and actions across different sectors, constituencies and stakeholders groups.
 - Promoting ownership and mutual accountability: Galvanize action of countries and Alliance members and partners on HRH development through a process of mutual accountability, and provide cutting edge intelligence and analysis.
- The Alliance, by enhancing its business model, will:
 - Place increasing emphasis on harnessing and optimizing the potential capacity of its members and other relevant stakeholders;
 - Focus on results, and distinguish more clearly between responsibilities and contribution of the Secretariat and governance structure versus those of the wider Alliance;
 - Be guided by its Board and have its core functions implemented by a Secretariat working with strengthened governance and oversight.
- The Board proposes to take forward the development and finalization of a detailed strategy for the second phase of the Alliance in active consultation with members and partners.

The first phase of the Alliance (2006–2011)

The Alliance was launched in 2006 as a collaborative platform bringing together different constituencies to respond to HRH crisis and the lack of attention it received in the global health development agenda. Its vision is that "all people, everywhere, will have access to a skilled, motivated and supported health worker, within a robust health system"; its mission is "to advocate and catalyse global and country actions to resolve the human resources for health crisis, and to support the achievement of the health-related Millennium Development Goals and health for all". The Alliance was to have a time-limited lifespan, and entered into a hosting arrangement with the World Health Organization (WHO) until 2016.

Since 2006, a wide-ranging programme of activities unfolded aimed at catalysing action on health workforce development at global, regional and country level. In March 2008 the Alliance convened the First Global Forum on Human Resources for Health. The resulting Kampala Declaration and Agenda for Global Action (KD-AGA)¹ now serves as an overarching framework for HRH development at all levels. The Alliance developed its three-year strategy for 2009–2011 ("Moving Forward from Kampala") to facilitate and accelerate the operationalization of the KD-AGA.

These first years witnessed the central contribution of the Alliance to widening the HRH movement, involving many organizations and actors. This generated significant progress across a number of areas (see box) relating to health workforce development, although important gaps persist amid the backdrop of a fast-evolving global health and development landscape.

The Alliance completed its first five years of existence in 2011. This milestone, together with the conclusion of its 2009–2011 strategic framework, warranted an analysis of its achievements, strengths, weaknesses, opportunities and threats to inform the preparation of its next strategic plan. As part of the process, the Alliance commissioned an external evaluation, which was recently reviewed and discussed by the Alliance Board.

¹ World Health Organization and Global Health Workforce Alliance. Kampala Declaration and Agenda for Global Action. Geneva, 2008 (http://www.who.int/workforcealliance/knowledge/resources/kampala_declaration/en/index.html, accessed 17 April 2012).

Driving forward the HRH movement

The Alliance activities, conducted by working collaboratively with countries, members, partner organizations and networks, aimed to accelerate country actions to solve the health workforce crisis. The hosting relationship with WHO has provided a basis for close programmatic collaboration and for mutual reinforcement of the respective activities.

Significant achievements of the Alliance, which have also been referred to in the evaluation report, include the following:

- At the global level, HRH has been mainstreamed into the global health policy and development discourse, cascading in many instances down to national health and HRH responses and strategies.
- Stakeholders have been brought together to support policy dialogue and exchange best practices through two global fora on human resources for health, and various other global and regional conferences.
- Numerous thematic task forces, with the valuable involvement and technical contribution of Alliance members, have developed ground-breaking knowledge products in several areas of health workforce development.
- Since 2010, the Alliance has supported 20 countries through the Country Coordination and Facilitation (CCF) approach, which has resulted in strengthened collaborative platforms at the national level for all HRH stakeholders.²

The external evaluation

The independent external evaluation commissioned by the Board recognized the critical contributions made by the Alliance in moving forward the health workforce agenda at global and country levels through its advocacy, brokering knowledge and convening functions. It reported that the Alliance work was highly relevant at all levels, that its support to countries was effective, and that the Alliance represented good value for money in its first five years.

At the same time, the evaluation identified areas that required improvement at both the programmatic and governance levels. Programmatic improvements concerned better harnessing of contributions of Alliance members; ensuring wider use of knowledge products; and gaining better visibility and brand recognition. Improvements sought at the governance level included a review of the Board's effectiveness; streamlining administrative procedures and relations with WHO; and securing more stable income flows.

The Alliance Board recently met for a thorough discussion on the findings of the external evaluation. To facilitate their reflections, a strategic background paper was prepared which placed the evaluation findings in a broader context and allowed consideration of wider strategic issues of relevance to the future direction of the Alliance.

² More detailed information on the Alliance achievements to date is available in its annual reports and in other publications. Salient milestones will also be presented in the strategy for the next phase (<http://www.who.int/workforcealliance/knowledge/publications/en/index.html>, accessed 17 April 2012).

The Board, while noting its limitations, found the evaluation report to have value for the Alliance, and took account of its findings as reflective of the diverse views and perceptions presented to the evaluation team.

The unfinished HRH agenda in an evolving global health and development landscape

Since the mid-2000s, when the HRH crisis was first highlighted by the pioneering Joint Learning Initiative and then by the WHO World Health Report 2006, there have been many signs of increased attention to the health workforce in the health policy arena, and at a more technical level. Moreover, success stories exist of countries that have made significant progress in addressing their health workforce challenges.

These developments in the HRH field are significant steps ahead; yet much more remains to be done to achieve the vision of the Alliance and the strategic objectives of the KD-AGA, as reflected in the first report on progress in its implementation:³

- In many countries the shortage and inequitable distribution of health workers remain key challenges; additionally, training capacities for health workers are inadequate and the potential for innovative skills mix approaches under-exploited.
- Many priority countries have not yet developed or fully implemented their health workforce strategies due to insufficient technical and financial resources. Incomplete information on health workers' availability, distribution and performance hinders effective planning and policy-making.
- Underpinning all these challenges is the fact that, at both national and global levels, political attention has only partly been translated into revised policies and additional resources for HRH.

While gaps persist in the HRH agenda, the global scenario in which they are addressed has undergone rapid changes. The health MDG framework is progressively expanding to a wider paradigm of universal coverage of a broader set of health services, including noncommunicable diseases, and taking more explicitly into account the social determinants of health.

Within this context, many issues on the international agenda compete for attention and resources, including climate change, food prices, security threats and political changes sweeping across a whole world region. Paradoxically, while attention to HRH at the global level has attracted an increasing number of actors, the pace of growth in development assistance for health has slowed, with a direct impact on HRH.

In summary, facing a complex, unfinished and evolving HRH agenda, a crowded global health landscape, and against a backdrop of stagnating resources for global health, it is imperative that the Alliance work remains reactive, strategically opportunistic, and responsive to the changing environment and external context, while concentrating its efforts on the niche areas in which it has clear added value.

³ Reviewing Progress, Renewing Commitment. Progress report on the Kampala Declaration and Agenda for Global Action. Global Health Workforce Alliance, Geneva, 2011(<http://www.who.int/workforcealliance/knowledge/resources/kdagaprogressreport/en/index.html>, accessed 17 April 2012).

Defining the new phase of the Alliance (2013–2016)

The Board stands fully committed to addressing the issues raised through the external evaluation and locating its response within the unfinished HRH agenda as well as in new global health and development dimensions that have evolved since the inception of the Alliance. The Board will revisit the strategic priorities of the Alliance to ensure that it continues to play a catalytic role in the future, and take action as required to improve the management of the Alliance structures and its governance processes.⁴

Accordingly, the Board proposes that the second phase of the Alliance will be characterized by:

1. A set of transformed strategic objectives with prioritization of high value-added areas of work where an alliance will have comparative strength;
2. A greater emphasis on results, and the specific accountability of the members, partners, networks and countries along with its own governing structures (Board and Secretariat);
3. A re-engineered business model and robust modus operandi, harnessing members' and partners' strengths and actions.

In redefining its future role and providing leadership for collective actions, the Alliance will need to be both ambitious yet realistic in setting priorities and targets. However, the delivery of a results-oriented agenda that can play a transformative role at global and country levels cannot rest solely with the Secretariat guided by the Board. So, while the evolution of a detailed strategy for the second phase will unfold through a participatory consultative process, the Board is of the view that:

- ultimately, the desired results of the Alliance catalytic action relate to greater access to and improved performance of the health workforce in countries as a critical and integral element of the universal coverage goal;
- this should be achieved by mobilizing the national leadership, supported by the international community and in collaboration with relevant domestic stakeholders, to make the required investment decisions and to adopt the most appropriate and effective policy options for health workforce development.

Transforming the strategic objectives

The strategic framework for the next phase of the Alliance should preserve a certain level of continuity with the principles and functions that underpinned its launch in 2006, and build on and expand the successful approaches of its first phase. At the same time, the Board is cognizant that only “more of the same” is not appropriate, and the Alliance needs to adapt its role to the evolving HRH and global

⁴ The external evaluation report, a cover letter from a Task Team of Board members who oversaw the external evaluation process, and a strategic background paper developed to inform discussions at a recent retreat of the Board, are annexed to this Board response.

development agenda, striving to become a distinct and trusted brand for facilitating and supporting HRH development.

Accordingly, the members and partners, as well as other HRH stakeholders are invited to provide input to the design of a second phase. The Alliance should identify its niche areas and define its role in relation to the value-added activities that can create a conducive policy, governance and implementation environment for Alliance members and other stakeholders to engage in and contribute to HRH development, leading to demonstrable results at country level. Within this agenda, the Alliance will concentrate on high value-added areas to remain an influential and credible player in anticipating, responding to and monitoring key developments and challenges in the dynamic HRH environment. It is proposed that this approach will concentrate on the following strategic objectives:

- a. **Advancing the agenda:** Promote the adoption of coherent policies and investment decisions across different sectors (an all-of-government approach) and stakeholders in society (including private sector, civil society, professional associations) through advocacy and networking to reach out to strategic constituencies in countries, regions and globally.
- b. **Catalysing and broadening space:** Foster interaction for more effective HRH coordination, policy dialogue and actions across different sectors, constituencies and stakeholders groups: build on and improve as required the CCF approach as part of an integrated approach to strengthening health systems, and create formal linkages with broader processes like the International Health Partnership and related initiatives (IHP+) and health sector-wide approaches (SWAps). The model to foster intersectoral collaboration should also be promoted in countries of the North.
- c. **Promoting ownership and mutual accountability:** Galvanize action of countries and Alliance members and partners on HRH development through a process of mutual accountability (the Secretariat will convene and coordinate an overall process and framework, with Alliance members contributing specific inputs and data required for evidence-based monitoring, according to their respective mandates), and provide cutting edge intelligence and analysis.

Focusing on the results

The Board understands that the Alliance will be increasingly called upon to demonstrate its effectiveness and added value. A first step will be to map out key elements of the HRH agenda, and define the Secretariat's role to be complementary to and catalytic of those of key partners (including WHO), Alliance members, countries and other key stakeholders who should take primary responsibility for the delivery of actions that contribute to the wider Alliance vision, mission and objectives. Building on that, the identification of deliverables for the Alliance operations should recognize the different hierarchy of results:

- activities promoted by the Secretariat under the oversight of the Board will be framed in terms of processes and inputs that contribute to wider actions, and wherever feasible to

tangible outputs; it will be possible to attribute progress in these areas primarily to the role of the Secretariat and Board;

- those of the wider membership of the Alliance should ultimately result in improved availability, accessibility, quality and performance of the health workforce, and improved health outcomes and impact at country level; progress at this level and on these indicators should be demonstrated as a collective achievement of the wider Alliance, to which the Secretariat and Board will have partly contributed according to the relevant support activities conducted.

The strategy for the second phase (2013-2016), as well as the development of annual workplans, will recognize more clearly this distinction in terms of priority setting, identification of deliverables, and monitoring and evaluation approach.

Re-engineering the business model

Just as “more of the same” is not enough to set the future strategic framework and achieve the desired results, similarly the Board feels that 'business as usual' will hamper its successful implementation. The Alliance operations will therefore be enhanced to achieve broader ownership and engagement; better visibility and brand recognition; evidence-based documentation and communication; and efficient governance, in the following ways.

- a. The Board recognizes that being a consortium of state and non-state actors, the identity and the strength of the Alliance lies in its members and partners; going forward, therefore, a cross-cutting principle of the Alliance operations will be to conceptualize and conduct every activity with the explicit objective of galvanizing and harnessing the potential capacity of its members, regional networks and other relevant stakeholders.
- b. In particular its national level work will increasingly focus on mobilizing and building the capacity of Alliance members and partners with presence in countries, where they can serve as champions of the Alliance and drive forward its agenda as a coalition for embedding CCF principles in existing activities and processes related to the health system strengthening agenda, with the Secretariat providing only catalytic support and facilitation.
- c. To operationalize this principle of deeper engagement of members and partners, the Alliance will adopt ways of interacting with them in a continuous way, reaching out to them proactively, using all possible channels of communication.

The Alliance will also streamline and strengthen its own governance and management mechanisms:

- d. In terms of transparent and accountable governance of the Alliance, the Board will initiate and regularly undertake reviews of its own effectiveness, according to the provisions of its governance handbook, and will implement any modifications that may be required to its composition and by-laws, as well as its relationship with and oversight of the Secretariat.
- e. The Board also considers that there is a value in retaining the hosting arrangement with WHO, and that all efforts should be made by the Alliance and WHO to ensure mutual satisfaction both

in relation to collaboration on specific programmatic areas, and in the context of the emerging corporate approach of WHO on hosting formal partnerships.

- f. The Board is confident that the evidence of effectiveness during the first phase of the Alliance and re-definition of its strategic approach by focusing on selected areas of highest added value in its second phase, together with the radical enhancement of the business model, present the pre-conditions for developing an attractive value proposition. This will enable the Alliance to mobilize and sustain sufficient predictable and flexible income to support the core functions carried out by the Secretariat and to meet its responsibilities.

Road map

The Board, aside from the development of this concise response to the external evaluation, has already initiated a process for development of its strategy for a second phase (2013-2016). Using the deliberations of the Board retreat as the basis and under the leadership of the Board Chair, a first articulation of the strategy is being developed by a group of Board members. Over the next few weeks it will be refined in consultation with the rest of the Board and with the Alliance members and key partners.

The Board is keen on making this process inclusive and participatory, and welcomes comments and input from any partner with a stake in health workforce development, whether a member of the Alliance or not. To deepen the process, input by members and partners will be solicited, synthesized for review by the Board, and taken into account in the finalization of the new strategy, expected to be launched in the early summer of 2012.

Annexed documents

(http://www.who.int/workforcealliance/about/governance/board/ghwaee_annexes/en/index.html)

1. External evaluation report
2. Board Task Team cover letter to Board Chair
3. Background paper to Board retreat



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