Global Health Workforce Alliance Annual Report 2014

global health workforce alliance

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Global Health Workforce Alliance
Annual Report 2014

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Overview

In 2014 the Global Health Workforce Alliance (GHWA) Secretariat, in close collaboration with its members and partners, focused its work on follow-up actions to take forward the momentum generated at the Third Global Forum on Human Resources for Health, held in Recife, Brazil, in November 2013. Priority activities included taking forward the policy dialogue on the Recife Political Declaration through the World Health Organization (WHO) governing bodies; undertaking an analysis and conducting a follow-up of the human resources for health (HRH) commitments made at the conference; and, most significantly, facilitating the collation of evidence in support of the development of a global strategy on human resources for health.

The incoming (joint) Executive Director of the GHWA and Director of Health Workforce, James Campbell, joined WHO in July 2014 to instigate renewed leadership on the global health workforce agenda.

Key achievements of 2014 include:

- promotion of high-level dialogue on HRH in multiple forums at global and regional levels, and the facilitation of an inclusive global consultation to develop thematic papers for a forward-looking HRH agenda (section 1);
- development of corporate reports and knowledge products, including ongoing research, policy dialogue and advocacy on community-based health practitioners, and their dissemination to the global health and development community (section 2);
- facilitation of HRH coordination in countries and of advocacy in support of the WHO Global Code of Practice on the International Recruitment of Health Personnel through earmarked grants (section 3);
- fostering HRH accountability, including an analysis of commitments made at the Third Global Forum, the conduct of a midyear follow-up on their implementation and the development of case studies on HRH commitments (section 4);
- synthesis of evidence collated in support of the development of the global strategy on human resources for health (section 5);
- reprioritization of the 2014 GHWA workplan to correspond to its secured funding, available staff resources and priorities identified by the incoming Executive Director.

1. Promotion of high-level dialogue on HRH

The Secretariat has actively engaged in policy and advocacy forums, forging links between HRH, universal health coverage and post-2015 development agenda. Several policy dialogue processes and strategic events have been successfully influenced in 2014, including:

2014

January

WHO Executive Board (January) and World Health Assembly (May). The Secretariat supported policy dialogue at the 134th session of the WHO Executive Board, which passed a resolution endorsing the Recife Declaration. This resolution was eventually adopted at the Sixty-seventh World Health Assembly, including also a mandate to WHO to develop the global strategy on human resources for health.[1] Several side events were also organized at the World Health Assembly to generate momentum on the global strategy on human resources for health and to examine service delivery models at the community level and the cost-effectiveness of community-based practitioners.[2]

March

58th East, Central and Southern Africa Health Ministers Conference (March). The conference adopted a resolution regarding the implementation of the Roadmap for Scaling Up the Human Resources for Health in the African Region, committed to by Member States at the Third Global Forum on Human Resources for Health.[3]

May

Advocacy for midwifes (May/June). The Secretariat worked to give visibility to and disseminate the results of the Sixth Global Forum for Government and Midwifery Officers[5] and promoted the 2014 *State of the World's Midwifery* report6 and the *Lancet* series on midwifery[7] through web statements and extensive social media messaging.

February

April

June

African Union/WHO Conference of Ministers of Health (April). The conference committed to "scaling up investments in human resources for health, particularly in the training, deployment and retention of medical staff for quality RMNCH [reproductive, maternal, newborn and child health] services".[4]

World Health Workers Week (7–11 April). The event was instrumental in the development of a World Health Workers Week toolkit.

1 67th World Health Assembly adopts the Recife Political Declaration and gives mandate to WHO to develop a global strategy on human resources for health. http://www.who.int/workforcealliance/media/news/2014/recife_political_declaration/en/.

2 Summary of GHWA/WHO supported side events at the 67th World Health Assembly. http://www.who.int/workforcealliance/media/news/2014/events_wha67/en/.

3 58th East, Central and Southern Africa (ECSA) Health Ministers Conference adopts a resolution to scale up HRH in the African Region. http://www.who.int/workforcealliance/media/news/2014/ecsa_conf_communique/en/.

4 AU ministers of health commit to ending preventable maternal, newborn & child deaths. http://www.who.int/workforcealliance/media/news/2014/au_ministers_commit/en/.

United Nations General Assembly (September). At the session, a side event organized in collaboration with Johnson & Johnson and other partners provided an opportunity to discuss how the health sector can leverage existing and emerging data and new tools to provide insights on global health programming and drive decision-making that enhances the health care workforce. Another side event, titled "Beyond health financing: achieving UHC [universal health coverage] through equitable access to health workers", highlighted the need for more focused attention on improving the health workforce within the universal health coverage movement.

2014–2015 HWAI Advocacy Strategy. The strategy was developed jointly by the HWAI Secretariat (IntraHealth/Amref Health Africa) and the members and Secretariat of GHWA. HWAI also contributed to the consultation on the global strategy on human resources for health and to the tracking of implementation of HRH commitments (see sections 4 and 5).

Post-2015 development agenda consultations. The GHWA Secretariat participated in a series of consultations with civil society groups to consider draft language on the health workforce for inclusion in the post-2015 sustainable development goals, resulting in the development of key messages on the health workforce, universal health coverage and the sustainable development goals. The proposed language has been sent to the Ambassadors to the United Nations from Kenya and Ireland, who are co-facilitating the post-2015 negotiations on the sustainable development goals.

Third Health Systems Research Symposium (September–October 2014). The symposium included events to facilitate the public consultation on the global strategy on human resources for health.[8]

Collaboration with the Health Workforce Advocacy Initiative (HWAI). The Secretariat worked with the HWAI to update the HWAI advocacy toolkit,[9] a guide to the development of effective HRH advocacy strategies in countries, which was launched on 12 December to coincide with Universal Health Coverage Day.[10]

July August September October November December

United States Congressional Roundtable on Health Workforce (August). The roundtable examined United States investments in HRH in low- and middle-income countries and their importance to achieving global health priorities, including ending preventable child and maternal deaths, achieving a generation free of HIV/AIDS, and ensuring global health security.

5 HRH Muna Al-Hussein of Jordan presides over the 6th Global Forum for Government and Midwifery Officers. http://www.who.int/workforcealliance/media/news/2014/muna_al-hussein/en/.

6 Investment in midwifery can save millions of lives of women and newborns. http://www.who.int/workforcealliance/media/news/2014/sowmy2014/en/.

7 Midwifery matters "more than ever", according to the Lancet. http://www.who.int/workforcealliance/media/news/2014/midwifery_matters_more_than_ever/en/.

8 Re-energizing the HRH agenda for a post-2015 world: responding to the needs of fragile States. http://www.who.int/workforcealliance/media/news/2014/TWG6_fragilestates.pdf.

9 HWAI advocacy toolkit. http://www.hwai.org/wp-content/uploads/2010/03/HWAI-Advocacy-Toolkit.pdf.

10 500+ organizations launch global coalition to accelerate access to universal health coverage. http://www.who.int/workforcealliance/media/news/2014/500_Orgs/en/.

Another core activity to elevate the profile of HRH that originated at the Third Global Forum was the global consultation to identify key elements of a long-term HRH strategic framework in the post-2015 period. Eight thematic working groups, with broad representation from GHWA constituencies, were charged to collate and examine evidence in specific domains of health workforce development and to put forward innovative recommendations. In parallel, a resolution adopted by the World Health Assembly (see above) requested the WHO Director-General to "develop and submit a new global strategy on human resources for health for consideration by the Sixty-ninth World Health Assembly" in 2016. The new mandate given to WHO builds upon, reinforces and takes forward efforts coordinated by GHWA. The integrated GHWA and WHO process[11] for developing a global strategy on human resources for health provides an unprecedented opportunity both to shape a future health workforce agenda instrumental to the objective of universal health coverage and the post-2015 health development agenda, and to redefine in that context a long-term vision for the global governance mechanisms for HRH. The preliminary drafts of the thematic papers were discussed at the 17th GHWA Board meeting in July 2014, and were presented at the Third Global Symposium on Health Systems Research in Cape Town, South Africa (October 2014). Further consultation opportunities on the emerging global strategy on human resources for health were organized on the occasion of the annual conference of the Asia-Pacific Action Alliance on Human Resources for Health in China, at the Amref Health Africa Conference and the People that Deliver Conference in October, and at the Joint Action Health Workforce Planning and Forecasting Conference on improving planning methodologies and data across Europe in Rome in December. A public hearing was held between September and November 2014, harnessing inputs from diverse stakeholders, comprising international agencies, professional associations, networks and civil society groups.

11 Health Workforce 2030: a global strategy on human resources for health. http://www.who.int/workforcealliance/knowledge/resources/strategy_brochure2014/en/.

2. Communications and corporate publications

GHWA increased its visibility and brand recognition through the monthly publication of newsletters, web stories, tweets and other inputs to social media, which have continued promoting HRH issues as well as outreach and publicity towards the development of the global strategy on human resources for health. Website content has continued to grow and diversify with new materials made available for the global strategy development process in English and French. The website has recorded an average of 25 000 visitors to the site every month. Tweets about the development of the global strategy on human resources for health reached approximately 330 790 Twitter accounts. The GHWA's e-platform was used to improve communication with and between GHWA members. Audiovisual advocacy materials and publications in mainstream media were also produced, including an interview with the new Executive Director;[12] video capsules on why health workers count for Ebola;[13] the GHWA Board Ebola statement;[14] blogs and editorials, including for the *Huffington Post*[15] and *PSI Impact Magazine*;[16] and peer-reviewed publications.[17]

The Secretariat has continued to provide an anchor to the global movement in support of the role of community-based health practitioners within health and community systems. More organizations were invited to align with the related joint commitment on community-based practitioners, from 10 partners at the Third Global Forum to 24 now.[18] A consolidated framework for harmonized actions on community-based practitioners has been developed. Research into the cost-effectiveness of community-based practitioners has advanced, and a preview of the findings was given in a side event at the World Health Assembly and through the presentation of an abstract at the Third Global Symposium on Health Systems Research. The finalization and publication of the research on cost-effectiveness of community-based practitioners is expected for 2015.

12 Interview with Executive Director, Dr James Campbell. https://www.youtube.com/watch?v=c3_sy8YX3c8.

13 Global Health Workforce Alliance (GHWA). https://www.youtube.com/user/ghwavideos/feed.

14 GHWA Board calls for long-term investments in health workers in Ebola-affected countries. http://www.who.int/workforcealliance/media/news/2014/ghwa_ebola_statement/en/.

15 Why we should judge the world on the health of women. http://www.who.int/workforcealliance/media/news/2014/judge_health_women/en/.

16 Impact No. 18: focus on health workers. http://psiimpact.com/issue-18/.

17 Health supply chain personnel: an integral part of the health workforce. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4304292/; and Realizing universal health coverage for maternal health services in the Republic of Guinea: the use of workforce projections to design health labor market interventions. http://www.dovepress.com/realizing-universal-health-coverage-for-maternal-health-services-in-th-peer-reviewed-article-RMHP.

18 Joint commitment to harmonized partner action for community health workers and other frontline health workers. http://www.who.int/workforcealliance/knowledge/resources/joint_commitment/en/.

3. Fostering more effective HRH coordination, policy dialogue and actions

The Secretariat coordinated, in close collaboration with the WHO Health Workforce Department and some of its members and partners, activities to promote HRH coordination and policy dialogue in the context of earmarked grants.

The project, funded by the French Government in support of the implementation of the G8 Muskoka Initiative on Maternal, Newborn and Child Health, saw significant progress in advancing national HRH agendas through technical support to francophone countries in Africa. Key accomplishments in 2014 included:

mapping of recruitment, deployment and retention strategies implemented in Burkina Faso, Chad, Côte d'Ivoire, Mali, Mauritania, Niger and Senegal to support the revision of the human resources for health strategic plans in these countries;

health labour market analyses conducted in Burkina Faso, Niger and Togo;

midwifery training schools and midwife competencies assessed in Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Mali, Mauritania, Niger, Senegal and Togo to strengthen the education policy environment of the reproductive, maternal, newborn and child health workforce;

facilitation of a francophone community of practices on the reproductive, maternal, newborn and child health workforce through development of a monthly newsletter and organizations of eight webinars.

A new project, Brain drain to brain gain – Supporting WHO Code of practice on International Recruitment of Health Workers supported by the European Commission and co-funded by the Norwegian Agency for Development Cooperation (Norad), was launched in December 2014 to advocate adoption of the WHO Global Code of Practice on the International Recruitment of Health Personnel. This project is aimed at generating momentum and accelerating progress in implementation of the Global Code of Practice. It envisages strengthening the information on health workforce migration in five countries – India, Ireland, Nigeria, South Africa and Uganda – and it represents an opportunity to link efforts at better managing health workforce migration flows with an ongoing initiative supported by WHO to strengthen national health workforce registries. It will also facilitate global policy dialogue on HRH migration, including support to the process to review the relevance and effectiveness of the WHO Global Code of Practice.

4. Fostering accountability on HRH commitments

As part of the accountability function vested in the GHWA Secretariat, an analysis of the HRH commitments made at the Third Global Forum on Human Resources for Health was conducted,[19] together with a first informal follow-up round on their implementation. The analysis examined the process and contents of commitments made by national governments at the Third Global Forum on Human Resources for Health, presenting new insights on countries' perceptions on health workforce development priorities, as well as reflections on the process and tools adopted. The analysis, assessing the range and nature of the commitments made, reinforces that HRH challenges are often interrelated and systemic in nature, and it points to the need to align both national efforts and international support to a health workforce agenda that addresses HRH bottlenecks in a structural and sustainable manner, rather than pursuing short-term and partial solutions. The formulation of commitments was successful in generating attention to HRH issues and triggering collective work in many WHO Member States in support of health workforce issues, reflecting the growing attention and focus devoted to this area.

The effectiveness of the commitment process to catalyse actions on improving the HRH situation in countries has to be assessed through follow-up and monitoring activities. In mid-2014 an informal round of follow-up with WHO Member States indicated that several of the 57 countries who made HRH commitments in Recife had started taking concrete policy decisions and actions to translate them into reality, as evidenced also by initial experiences documented through country case studies.[20] The HWAI Secretariat (IntraHealth) is supporting country-level implementation of HRH commitments in Nigeria, Senegal, South Sudan and Uganda, and has also supported the development of the report *Human resources for health country commitments: case studies of progress in three countries* in August 2014.[21] The development of country case studies to assess implementation of commitments will continue in 2015.

19 Analysis of the commitments made by national governments of 57 countries at the Third Global Forum on Human Resources for Health. http://www.who.int/workforcealliance/knowledge/resources/analysis_57countries/en/.

20 3rd Global Forum on Human Resources for Health: HRH commitments. http://www.who.int/workforcealliance/forum/2013/hrh_commitments/en/.

21 Human resources for health country commitments: case studies of progress in three countries. http://www.who.int/workforcealliance/forum/2013/HWAIadvocacy_report_final.pdf.

5. Laying the foundations for a global strategy on human resources for health

The broad-based consultation process for the development of a global strategy on human resources for health culminated in the development of a synthesis paper that outlines the shared understanding among all the constituencies of the GHWA for a forward-looking health workforce agenda.[22]

The health workforce will be critical to achieving health and wider development objectives in the next decades. The health targets under consideration in the proposed sustainable development goals, including a renewed focus on equity and universal health coverage, will only be attained through substantive and strategic investments in HRH. The Ebola crisis has also demonstrated how global health security hinges on a fit-for-purpose health workforce and resilient public health systems.

The foundations for a strong and effective health workforce able to respond to the priority needs of the 21st century require matching today's supply of professionals with the demands of tomorrow's populations. The ongoing challenges of health workforce deficits and imbalances, prevalent in countries at all levels of socioeconomic development, combined with ageing populations and epidemiologic transformations, require the global community to reappraise and re-evaluate the effectiveness of past efforts on the health workforce, and instil these lessons in a new, contemporary agenda on HRH.

A paradigm shift is thus needed in how we plan, educate, deploy and reward health workers, moving:

away from seeing health workers as a recurrent expenditure to contain, and towards recognizing health workforce investment as a strategy for the creation of employment opportunities, particularly for women, and as a driver of socioeconomic development;

beyond fragmentation and underfunding towards an overhaul of national and global governance for HRH, laying the grounds for effective intersectoral action and ambitious economic investment plans supported by public sector and international financing to meet current and future HRH needs; and

towards a dramatic improvement in efficiency, made possible by stronger national institutions able to devise and implement more effective strategies and appropriate regulation for health workforce education, a more sustainable and responsive skills mix, and improved working conditions,

22 Health workforce 2030: towards a global strategy on human resources for health. http://www.who.int/workforcealliance/media/news/2014/public_consultations_GHWA_Synthesis_Paper_Towards_GSHRH_21Jan15.pdf.

Better evidence will be a critical enabler for enhanced governance and accountability at national and global levels. Evidence-based planning and forecasting of workforce requirements, informed by reliable and updated health workforce information, labour market analyses and scanning of future scenarios, will be required to inform the development and implementation of workforce strategies. Ensuring effective governance in countries, and aligning the required efforts of different sectors and constituencies in society, is critical, and requires the political will – and accountability of – heads of government. Similarly, following the successful completion of GHWA's mandate in 2016, a fit-for-purpose mechanism for global governance for HRH will still be needed to inform high-level political engagement, encourage intersectoral and multilateral policy dialogue, and foster global coordination and mutual accountability, effectively linked with United Nations system processes and mechanisms for monitoring of universal health coverage and sustainable development goals.

This critical work stream supported by the GHWA in 2014 will inform the further development and negotiation of the global strategy on human resources for health through the WHO governing bodies, inspiring and catalysing more incisive, multisectoral action at country level by planners and policy-makers, and at global level by the international community.

6. Effective and efficient governance

Dr Margaret Chan, the WHO Director-General, joined the 17th GHWA Board meeting. Dr Chan welcomed the role that the GHWA has played and will play going forward. She emphasized that in addressing HRH challenges, health should not be seen as a consumptive expenditure; we need to match growing demand and to ask what is the right skill set needed. She also underscored the huge shortage of health workers and urged the Board to think beyond professionals. Finally, she said that the global HRH strategy was a key opportunity that required identifying action-oriented recommendations and practical solutions on how to strengthen the health workforce. Countries needed to go beyond planning to implementation; the focus should be on the "how" rather than the "what".

7. Board membership updates

The Board warmly welcomed Mr Jim Campbell from the United Kingdom as he began his tenure as Executive Director of the GHWA and Director of the Health Workforce Department at WHO, effective 1 July 2014.

Mr Campbell is widely recognized as a keen advocate and champion of HRH issues and he has worked closely with WHO and the GHWA on several occasions. His collaborations included work on the Global Code of Practice on the International Recruitment of Health Personnel (2010), WHO policy recommendations on "Increasing access to health workers in remote and rural areas through improved retention" (2010) and "A universal truth: no health without a workforce", launched at the Third Global Forum on Human Resources for Health in Recife, Brazil (2013).

The Board thanked its outgoing members, Dr Li Guoqin (Ministry of Health, China), Professor Eric Buch (University of Pretoria), Professor Srinath Reddy and Professor Jay Satia (Public Health Foundation of India), and Professors Ernest Aryeetey and Aaron Nii Lante Lawson for their valuable contribution to GHWA Board activities during their tenures.

The Board also welcomed its incoming board members, Dr Simon Wright (Save the Children) and the alternate Mr Thomas Schwartz (Medicus Mundi International) representing NGO North, Dr Peter Mgatia (Amref Health Africa) and his alternate Dr Nzomo Mwita (Amref Health Africa) representing NGO South, and Ms Margaret Murphy as its patient representative.

8. Governance self-assessment

The Board noted the findings of the Governing Board's self-assessment. The Board recognized that much progress had been made in HRH, and GHWA advocacy had been effective in elevating HRH on the global agenda and in leveraging commitments, while recognizing that not all goals envisioned in 2006 would be fully achieved by 2016. The assessment had provoked discussion on the optimum size and structure of the Governing Board, taking into account the role that a multisectoral platform might play in helping the GHWA achieve its global strategic vision to 2030. The debate on the structure, form and function of the platform was deferred until there was greater clarity with regard to options beyond 2016. The Board requested the Executive Director to commission an option analysis, to be put before the Board at its next meeting, on how a multisectoral platform might assist in achieving that vision, including its financial viability, structure and hosting.

Annual financial statement of the alliance as of 31 december 2014

Financial Overview 2014 (US$)	2014 Funds/Income (gross)	2014 Outgoing	2014 Closing Balance
Carry Forward into 2014			
Opening Balance of Core/flexible Funding at 1 January 2014	877,961		
Specified (France/Muskoka c/f into 2014)	1,063,270		
Deferred Norad/Migration (Sub-Sahara reprogrammed 2014-15)	456,288		
Sub-total Carry forward into 1 Jan 2014*	**2,397,519**		
2014 New Income			
New core (flexible) income during 2014	2,391,715		
Specified income (UNFPA Muskoka, EC Migration)	851,415		
Total Available Funds 2013 (gross incl c/f)	**5,640,649**		
Less			
2014 Expenditures & Encumbrances			
GHWA Workplan (Core expenditures)		1,845,217	
Specified projects (Muskoka, EC)		1,002,883	
Contingent Liabilities (WHO/HIS Cluster charges)		125,000	
WHO Programme Support Cost (PSC) charges		378,637	
Total 2014 Expenditures and Liabilities		**3,351,737**	
Closing Balance at 31 December 2014 (gross)**			**2,288,912**

* The Opening Balance at 1 Jan 2014, $2,397,519 (gross) corresponds to $2,109,865 (net of PSC). The carry forward incorporates funds to settle the deferred/outstanding 2013 workplan liabilities (estimated at HIS/Cluster $245,000, research activity $70,000.). Furthermore factors the reinstated reprogrammed NORAD migration project funds of $456,288, for 2014-15 implementation.

** Further adjustments, as applicable, subject to WHO biennium financial closure (2014-15) adjustments. GHWA financial statements refer to expenditures and encumbrances/ liabilities for its Board endorsed annual workplans. Distinct from the WHO accounting biennium statements (of expenditures).

NOTE France/Muskoka Income for 2014-15 of $1,251,564 has been excluded above, as contracted to HWF-WHO for implementation.

2014 GHWA workplan expenditure statement (incl encumbrances)

Objective 1: Enabling Solutions (Advocacy)	US$ (net PSC)
1.1 Mainstream HRH aspects	34,236
1.2 Health Workforce Advocacy Initiative	81,361
1.3 HRH messaging	42,573
1.4 Engage regional networks	15,543
1.5 (2.4) Follow up on 3rd Global Forum on HRH Actions	33,113
1.6 Supporting the Working Group on HRH Strategic Framework	29,996
Sub-total Ojective 1	**236,822**

Objective 2: Convening	
2.1 Facilitate coalitions and networks in support of HRH	1,126
2.2 Maternal and Newborn and Child Muskoka Initiative (HWF)	958,720
2.3 Migration: Brain drain to brain gain (EC/Norad)	16,643
2.5 Research towards Universal Health Coverage (2013 c/f)	70,000
Sub-total Objective 2	**1,046,489**

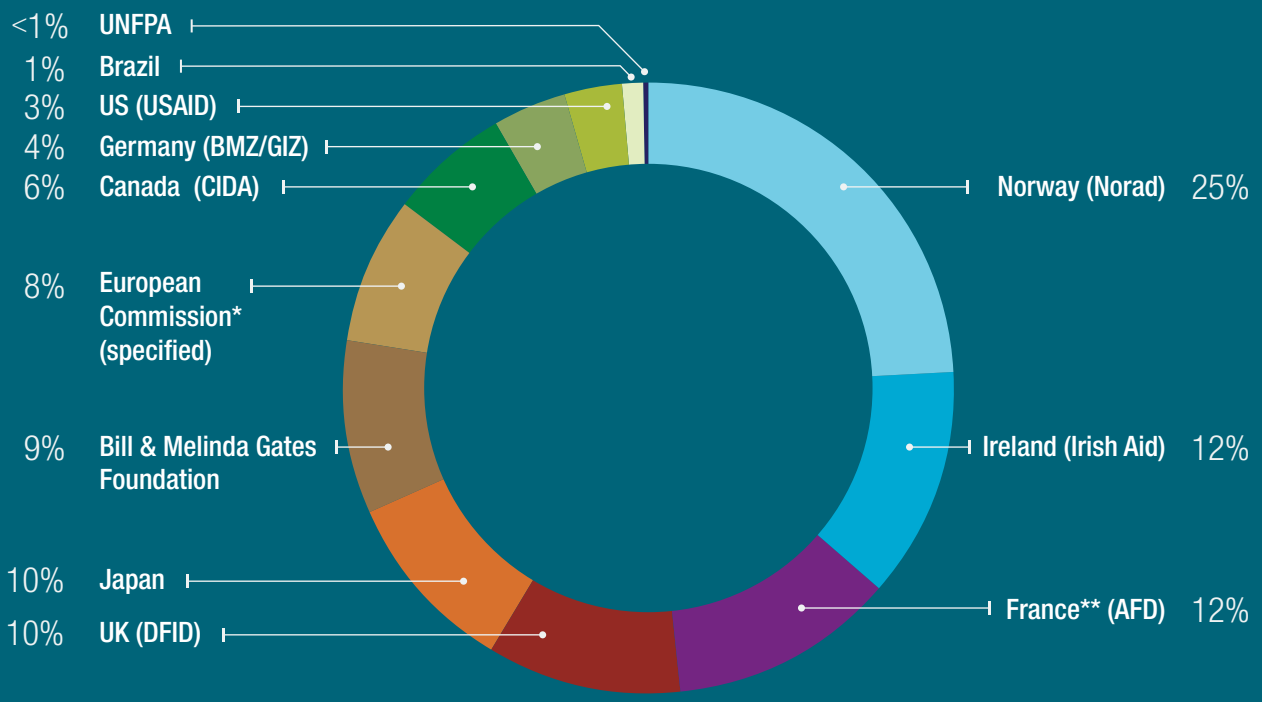
Objective 3: Accountability	
3.1 HRH Report	952
3.2 Commitments synthesis paper	231
3.3 Elicit new HRH commitments	
3.4 Track progress of HRH commitments	15,470
Sub-total Ojective 3	**16,653**

Objective 4: Governance, Oversight & Management	
4.1 Governance & Board Meetings	10,142
4.2 Mgmt Oversight, Operations	31,724
4.3 Staff Costs	1,506,270
Sub-total Objective 4	**1,548,136**

2014 Total GHWA Expenditures & Encumbrances	**2,848,100**
Contingent Liabilities to HIS (Cluster Charges)	125,000
Programme Support Costs (WHO PSC charges)	378,637
2014 TOTAL Expenditures & Encumbrances (PSC incl)	**3,351,737**

NOTE 1: The above figures, incl PSC, are subject to adjustments, where applicable, through the WHO 2014-15 Biennium closure process.
NOTE 2: GHWA financial statements refer to expenditures and encumbrances/liabilities for its Board endorsed annual workplans. Distinct from the WHO accounting biennium statements (of expenditures).

Funding contribution to the Alliance from inception 2006 to 31 December 2014



Donor	Fundung from Inception (US$)
Bill & Melinda Gates Foundation	5,000,000
Brazil	500,000
Canada (CIDA)	3,436,911
European Commission* (specified)	4,323,698
France** (AFD)	6,526,861
Germany (BMZ/GIZ)	2,166,391
Ireland (Irish Aid)	6,625,170
Japan	5,314,000
Norway (Norad)	13,275,494
UNFPA	107,500
UK (DFID)	5,553,720
US (USAID)	1,692,175
Total*	**54,521,920**

* Includes the EC deferred income of $1,808,662 into 2015

** Includes the 2014-15 France/Muskoka income of $1,251,564 distributed for HWF implementatoin

*** The salary contributions for HWA staff working on Ebola ($206,102) and Kobe projects ($129,052) for 2014-15 have been adjusted in the expenditures on annual basis, and therefore not factored as income.

Launched in 2006, the **Global Health Workforce Alliance** is a partnership dedicated to identifying and coordinating solutions to the health workforce crisis. It brings together a variety of actors, including national governments, civil society, finance institutions, health workers, international agencies, academic institutions and professional associations. The Alliance is hosted by the World Health Organization.

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