Third Global Forum on Human Resources for Health

Draft structure of sub-themes and tracks (version 12 December 2012)

Sub-themes and tracks	- **Rationale for identification of each sub-theme;** - **Examples of some aspects that might be examined under each proposed plenary or parallel session.**
1. **Leadership, partnerships and accountability for HRH development**	Rationale: political leadership is a prerequisite for progress on HRH development. In turn effective leadership has to foster intersectoral and multi-constituency partnerships to advance health workforce development, and it can be reinforced by feed-back loops and accountability mechanisms
1.0 Plenary: From MDG-related gaps to UHC and post-2015 HRH agenda: emerging opportunities and threats	Evolving HRH agenda, increasing demands moving from MDG agenda to UHC framework, external environment, recognition that significant HRH challenges affect all countries, political leadership, accountability processes
1.1 HRH governance and management: required leadership attributes	Competencies required for stewardship, planning, management of HRH, partnership building, accountability, performance-based management
1.2 Strengthening evidence-informed decision making for HRH	Role of evidence in shaping leadership decision, links information to policy-making, mechanisms for information sharing and evidence-informed leadership
1.3 Fostering multisectoral ownership, actions and synergies for HRH	Role of other sectors (education, finance, labour) and other constituencies (private sector, civil society, prof. associations), mechanisms for collaboration, coordination, and mutual accountability
1.4 Developing accountability framework and processes	Top-down vs. mutual accountability (including that of health workers), grass-roots and bottom-up approaches, examples, challenges and lessons learnt from accountability mechanisms and processes at all levels - global, regional, national and subnational levels. role of civil society in making HRH a political rather than a merely technical issue
1.5 Gender perspectives in HRH policy and planning	Workforce feminization, gender roles, discrimination, gender divide in preferential career choices, gender in HRH planning, deployment and retention challenges relating to female health workers. Impact of the increasing percentage of female health workers on HRH development and management, challenges in attracting female health workers to certain professions, deployment of female health workers to rural areas, glass ceilings in the health sector
1.6 Calling on civil society to mobilize leadership for HRH	Potential of civil society in making HRH a political rather than a merely technical issue (similarly to what was done for HIV), advocacy function and accountability role of civil society
1.7 The next generation of HRH managers and health workers	Young voices and perspectives: what is required in future to empower health workers

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2. Impact-Driven HRH Investments Towards UHC	Rationale: increasing investment in HRH is critical, but it is equally important to ensure that this is well integrated with overall health system needs, that resources are used efficiently, and that labour market forces are considered in making investment decisions; commitments to HRH
2.0 Plenary: **Paving the way for adequate domestic financing and efficiency for HRH**	HRH requirements for UHC, financing strategies, grow public sector spending, inter-ministerial contributions to HRH investments. Cost-effective approaches to improve allocative efficiencies through outcome-oriented management of HRH, increased transparency
2.1 Addressing MDG thematic areas and post MDG priorities through harmonized and integrated investments	HRH requirements of individual thematic priorities, (MNCH, HTM, NCD, SDH) in the context of health system strengthening needs, pros and cons of integrated approaches, realizing positive synergies, tools and mechanisms to harmonize investments
2.2.Employment in the health sector as a driver of economic growth	HRH: "a drag on public finances" or a source of highly-skilled employment?, economic benefits from investment in health and HRH
2.3 Towards greater aid effectiveness for HRH within health system strengthening	Role of GHI and bilateral aid in strengthening HRH, evolving strategies of leading GHI on HSS, aid effectiveness tools and processes, IHP+, HHA Role of international financial institutions in determining national macroeconomic policies that influence HRH spending: big issue or non-issue? Are we still in the era of structural adjustment programmes? Are policy makers using this as a shield/ excuse to justify own choices about under-investment in health? How to leverage donor resources to address fiscal space constraints
2.4 Applying a labour market lens to HRH production and deployment	Co-existence of shortage and unemployment of HRH, fair remuneration, pay and incentive packages to meet retention/ distribution targets, production strategies, distribution, supply and demand forces, role of forecasting and planning, models of estimating health worker choices, global nature of the HRH labour market
2.5 Harnessing the untapped potential of Public Private Partnership (PPP) to advance HRH	Role of private sector in HRH investment, education, and employment, synergy, mutual respect and benefits in relation with public sector, addressing challenge of staff working across public and private sectors, potential of contracting out arrangements
3. Supportive legal and regulatory landscape for HRH	Rationale: regulation is an essential element in ensuring adherence to minimum standards and quality of care, which is another key dimension of universal access
3.0 Plenary: Professional autonomy vs. society needs	Society welfare needs, professional autonomy and choice, role of policy-makers in mediation, role of regulatory bodies. Questions that have a direct bearing in UHC are 1. Why regulate? 2. What to regulate? 3. To what extent regulate? 4. Who

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	should regulate? 5. How should the effects of regulation be measured?
3.1.Comparative analysis of regulatory frameworks	Different types of approaches to regulation, strengths and weaknesses, lessons learnt, applicability to other contexts of successful models; Regulation of HCPs: activities of the regulators
3.2 Standardization, licensing, accreditation and registration	Academic institutions role in standardizing competencies, need to look beyond doctors, nurses and midwives and include also MLHWs and CHWs, regulatory bodies and professional associations role in licensing and accreditation, different approaches to discipline entry into the health workforce; Scope of practice in relation to the needs of countries both nationally and regionally.
3.3 Interprofessional collaboration, coherence and regulation	Common understanding, collaboration, synergies, joint or divergent positions among different professional associations
3.4 Addressing internal and external migration: balance between regulation and incentives	Regulation vis-a-vis other approaches in retaining HRH in country, and in areas of need, bonding schemes, regulating external migration and overseas recruitment practices, WHO Code of Practice on International Recruitment of Health Personnel
3.5 Regulation of the private sector and other non-state actors	private sector and not-for-profit organizations as providers of training and healthcare, challenges and conflicts of interest in regulating private sector, financial incentives and disincentives; regulatory policies and practices as potential bottlenecks for private sector and non-state actors
3.6 Regulating the regulators: enforcing capacity	Role of the state in overseeing the regulators, supportive legal frameworks, monitoring capacity. Policy and action gaps in regulation, legal, policy and institutional requirements for effective implementation of existing regulation
4. Empowering health workers: Overcoming policy, social and cultural barriers	Rationale: health workers themselves are at the centre of care provision, and need to be adequately recognized, supported and empowered by the health system
4.0 Plenary: Health workers' voice, rights and responsibilities	rights and duties of health workers, participation in policy processes, minimum standards of health workers behavior, responsibilities they should be held accountable to
4.1. Promoting and managing diversity: A diverse health workforce for a diverse population	Entrenchment of gender roles in health, strategies to challenge them, influence of gender roles on power dynamics in health sector, impact on equitable access to care and UHC Role of ethnicity and cultural diversity in determining health workforce composition; social/geographic origin of the health workers and its impact on UHC and different patterns in access to care
4.2 Evidence-based skills mix approaches: moving from task shifting and task sharing to team building	Recent evidence on frontline health workers (CHWs, MLHWs). Inter- and intra-professional recognition, education, communication, and collaboration

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	Recognition of diversity within health workforce and within cadres, integrated training, promoting team work among different cadres, overcoming GP-specialist, doctors-nurses, and professional-lay health workers divides, team-based care
4.3 Relations and participation of frontline health workers and community in decision making	Direct involvement of frontline health workers in shaping policies that influence their work environment, mechanisms to foster voice and participation. Nature of the relationship of health workers with the community they are serving in, community oversight mechanisms, selecting and embedding health workers in communities they belong to, community support structures
4.4 Safety, wellbeing and motivation of health workers with a special focus on hardship situations	Occupational safety, violence, conflict, health of the health worker, providing necessary tools, skills and systems support
4.5 Trade Unions and Professional Associations' role in fostering enabling environments for health workers	Political space for trade unions, challenges and achievements in advancing HRH rights, and enhancing work environments, pay and remuneration through trade unions, relations with other forms of organized labour, relations with professional associations
4.6 Responding to patient rights and expectations	Patient-centered care, consumer feed-back in performance assessment
5. Harnessing Innovation and research for HRH: new management models and technologies	Rationale: new technologies and successful models of innovation in health service organization and delivery present new opportunities in HRH development and performance management, whose potential should be more fully exploited. How to apply these to HRH and what capacity building is required.
5.0 Plenary: Applying research, innovation and technology for HRH management and service provision	e-learning, e-health, telemedicine and M-health solutions, computerized algorithms for diagnosis, robots as healthcare providers, innovations in service organization and delivery, fostering linkages between research bodies and technology companies to drive HRH needs-based innovation
5.1 Evidence gaps and research agenda in HRH for the next decade	Recent advances in HRH research, persisting gaps in HRH management practices of policy relevance identifying priority research needs and topics for HRH and sharing results; translating research to practice
5.2 New frameworks and models for pre-service and in-service education and training to achieve UHC	Education requirements for the health workforce in the 21st century, updating and revising competency frameworks and curricula, adapting competencies to new disease burden and new health care delivery models, changes required in HRH education at institutional level
5.3 The influence of health care models on HRH innovation	Team-based care, mid-level health worker-led units, community-based health wokers, results-based incentives, performance-based management, conflicts and emergencies

Sub-themes and tracks	- **Rationale for identification of each sub-theme;** - **Examples of some aspects that might be examined under each proposed plenary or parallel session.**
5.4 Social media and communities of practice for HRH policy dialogue and advocacy	IT technology for HRH policy dialogue and advocacy, online communities of practices, webinars, professional networking, health and HRH in social media – and for emergencies.
5.5 Technological solutions for expanding access and improving quality of HRH education, management and performance	ICT solutions and social media role in HRH education, continuous professional development, expanding access to care, improving quality of care, monitoring and backstopping health workforce performance

Third Global Forum on Human Resources for Health

Strategic plan

22 November 2012

Introduction

Human resources for health (HRH) challenges are in many countries the single largest impediment to scaling up access to health services and to achieve the health Millennium Development Goals (MDGs) and universal health coverage. The Global Health Workforce Alliance (the Alliance) was established in 2006 to spearhead the response to the HRH crisis at country and global level. In support of its mandate, one of the key responsibilities of the Alliance is to convene a Global Forum on Human Resources for Health on a regular basis. The 1st Global Forum on Human Resources for Health (Uganda, 2008) resulted in the development of a global roadmap for HRH development (the Kampala Declaration and Agenda for Global Action); at the 2nd Global Forum (Thailand, 2011) countries and stakeholders reconvened to review progress made, and renew their commitments through an outcome statement that called for commitment to increased investment, sustained leadership and adoption of effective HRH policies.

At the invitation of the Government of Brazil, the Alliance Board at its 14th meeting in July 2012, took the decision to move forward with the organization of the Third Global Forum on HRH in late 2013. The Government of Brazil, the World Health Organization (WHO) and the Pan-American Health Organization (PAHO) will be patrons of the conference, while the Alliance will be its convener. The Japanese International Cooperation Agency (JICA), the United States Agency for International Development (USAID) and the Norwegian Agency for Development Cooperation (NORAD), The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), The Partnership for Maternal, Newborn and Child Health (PMNCH), the United Nations Population Fund (UNFPA), are among the partners who have already committed to support the event organization.

The first preparatory meeting of the Third Global Forum on Human Resources for Health (3 GF HRH) was held on 13-14 September in Recife, Brazil. Selected Alliance Board members, high-level officials of the Government of Brazil, WHO and PAHO representatives, selected member organizations of the Alliance and other country and agencies representatives participated at the meeting to discuss initial ideas and processes for the forum on HRH.

This document is based on a discussion paper that was circulated in advance of the Recife meeting, inputs elicited in the subsequent weeks by the Alliance Secretariat from selected individuals with in-depth knowledge of the health workforce policy discourse, and through the first meeting of the Forum Working Group (FWG), held in Geneva on 5-6 November 2012.

The purpose of this document is to assist in the discussion and preparations of the Forum governance structures, and is presented to the Forum Organizing Committee (FOC) for endorsement, in order to serve as a basis for the development of a detailed programme of work for the Third Global Forum on Human Resources for Health.

Results framework

The definition of an overarching theme for the 3 GF HRH provides the basis for identifying relevant sub-themes and tracks of the conference, and for planning inputs and processes accordingly. It is proposed that, in accordance with the Alliance new strategy for 2013-2016, and considering the Forum Working Group discussions of November 5-6, the 3rd GF HRH theme be "**Human Resources for Health: foundation for Universal Health Coverage and the post-2015 development agenda**".

This is in continuity with the rationale of the first two Global Fora on HRH, and takes forward the health workforce movement:

- the First Global Forum on HRH, held in Uganda in 2008, played a role in placing HRH firmly in the policy agenda, and identifying an overall framework for action (the Kampala Declaration and Agenda for Global Action);
- the Second Global Forum on HRH, held in Thailand in 2011, provided an occasion to review progress, highlighting many persisting gaps in taking forward the HRH agenda;
- building on this, the 3 GF will aim at eliciting new HRH commitments to accelerate progress, and to update the HRH agenda to make it relevant to the current global health policy discourse, including the final push to accelerate progress towards attainment of the health MDGs, the universal health coverage objective, and the discussion on post-2015 health development priorities.

The 3GF HRH will provide an opportunity to explore health workforce issues from the perspective of how they influence the coverage of essential interventions and health services, and to identify what changes in health workforce investment, production, deployment and retention are required to achieve universal health coverage (UHC). Moreover, the health workforce agenda does not exist in isolation, but is an integral part of health system strengthening, which in turn is a critical enabler for the achievement of specific health services of direct relevance to the health MDGs, including HIV/ AIDS, reproductive, maternal and child health, and relating to non-communicable diseases and other priority areas. Therefore, the design of the conference programme will reflect in an integrated way the major areas that have influenced and shape the global health landscape, situating health workforce development at the heart – and as the connection link - of all these different thematic priorities.

Relevant linkages will also be made – and inputs sought – with key health system strengthening processes, including for example harmonization and alignment efforts , such as the International Health Partnership and related initiatives, regional collaboration mechanisms like the Harmonization for Health

in Africa, among others –, with disease-specific priorities, including reproductive, maternal, newborn and child health, HIV-AIDS, non-communicable diseases.

FIRST GLOBAL FORUM (Uganda, 2008)
HRH firmly in the policy agenda through development of the Kampala Declaration and Agenda for Global Action)

SECOND GLOBAL FORUM (Thailand, 2011)
Reviewed progress, highlighting many persisting gaps in taking forward the HRH agenda

THIRD GLOBAL FORUM (Brazil, 2013)
- Will elicit new HRH commitments to accelerate progress,
- Will update HRH agenda to make it relevant to the current global health policy discourse, including
  -final push to accelerate progress towards attainment of the health MDGs,
  -universal health coverage objective,
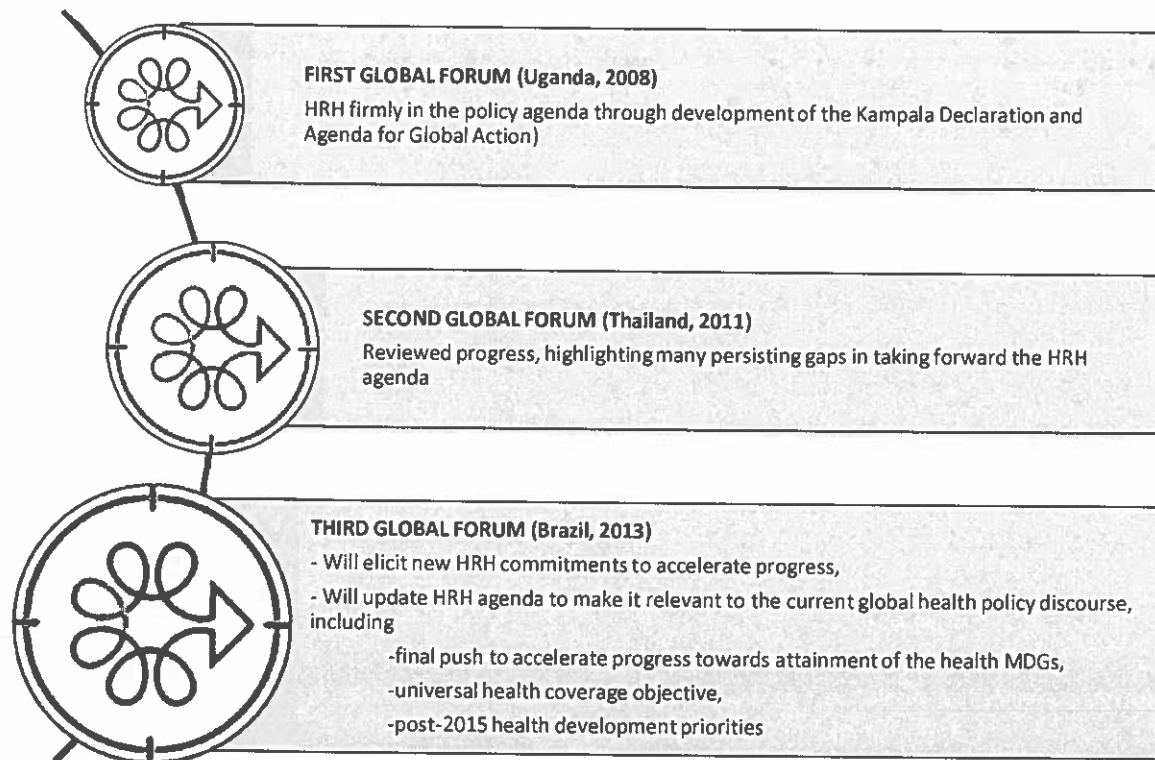 -post-2015 health development priorities

Figure 1: developing and sustaining momentum for the HRH agenda through the Global Fora.

Similarly, in recognition of the inter-connectedness of health with other sectors and of the need to integrate health within human development at large, opportunities will be explored to link with and reflect in the Forum programme issues relating to the social determinants of health, such as developing capacity for intersectoral action, social inclusion, and the policy discourse on the wider development paradigm as it is being shaped through early discussions on the post-MDG development framework.

Additionally, in the lead-up to and during the 3 GF HRH, countries, development partners and HRH stakeholders both within and outside the Alliance will be invited to make explicit **commitments**, whether funding- or policy- related, around the actions required to overcome HRH barriers, improve coverage and attain UHC.

Obtaining and announcing such commitments at the Forum represents a critical outcome of the event, contributing to impact in terms of accelerating the Alliance strategy implementation and influencing the post-2015 development agenda (figure 2).

INPUTS	Kampala Declaration and Agenda for Global Action Partners, participants Evidence through research and reports, advocacy + comms
PROCESS	Engagement (in preparation and the event) Innovative, Interactive, Insightful Convening
OUTPUTS	Knowledge Advocacy Political capital (across all sectors/partners)
OUTCOMES	Partner commitments Enhanced accountability
IMPACT	Health MDGs UHC and post-2015 development agenda Alliance strategy implementation

Figure 2: results framework to organize the 3GF

The FWG has recommended that the Government of Brazil could lead efforts in eliciting commitments that would be announced at the Forum, similarly to what the UK Government did in the lead-up to the recent London Family Planning Summit. Brazil in collaboration with countries of south and north (e.g. BRIC states, Norway, US and Japan) could undertake a joint diplomatic effort over the next year to secure commitments by reach out to Ministers of Health from countries that have made significant progress in ensuring access to health workers (and, hence, UHC) and have significant technical expertise that could be made available, as well as the H8 and selected bilateral donors. Development partners would pledge technical and/or financial assistance in exchange for clear, unequivocal commitments from developed and developing country governments.

A similar effort will be led by the Alliance Secretariat, with the support of the FOC and FWG, to elicit relevant HRH commitments from Alliance members and partners.

Forum programme

The Forum, unfolding over a 4 days period (10-13 November 2013), will have events and sessions to address the areas of interest and needs of the different types of participants. These will include an official conference programme, with plenary and parallel sessions structured around the themes and tracks identified (annex 1), providing an opportunity to present and share innovation, examples of best practices, review of progress and new commitments. The official programme will be complemented on

9-10 November by field visits and side events, poster presentations, workshops, exhibitions, market place, receptions, a networking lounge. The overarching theme will inform the design and organization of every session and event of the programme.

The Third Global Forum should be distinctive, and adopt innovative and creative approaches. The Forum programme should be:

1) not only informative, but entertaining;
2) not only conceptually engaging, but rich in problem solving ideas;
3) not only academically grounded, but emotionally appealing.

Possible sub-themes and tracks, to shape the Forum programme have been discussed at the Recife meeting, through subsequent consultations with selected HRH stakeholders, and refined through the FWG meeting of November 5-6.[1]

The choice, language and presentation of sub-themes and tracks will have to be further elaborated, revised, improved and refined through an in-depth discussion by the 3rd GF HRH governance structures (see sections below); this will also include a consultative process involving members and partners of the Alliance, for instance through online discussion forums and/or other platforms. If required, assistance will be sought from professionals with adequate communications and advocacy skills for the final text to ensure adequate innovation, attractiveness and focus.

The FOC is requested to review, and provide broad endorsement of the theme, sub-theme and tracks proposed.

While the final choice of sub-themes and tracks will shape the design of the conference programme, the ambition is to structure the event in a manner which is different from traditional conferences and avoiding a top-down lecture-style to the design and organization of sessions.

For instance, it is envisaged that some sessions and activities will take a more holistic and integrated approach, presenting country case studies and reflecting on country experiences as a whole, and how the various interconnected health workforce challenges have been and are being addressed as part of the integrated national response.

The programme will also reflect the need to go beyond technical discussions, and provide an opportunity to update participants on progress in addressing the HRH crisis and to identifying practical solutions to common challenges, to serve a function of monitoring and accountability, in addition to flagging new commitments that countries and partners may wish to make and announce at the 3 GF HRH.

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[1] The Prince Mahidol Award Conference will convene its annual meeting in January 2014 with a focus on HRH education. The 3 GF HRH Forum programme, in order to avoid overlap with this other major event, will have a comparatively lesser emphasis on health workforce education issues than the first two HRH global fora. GHWA and PMAC are communicating regularly and both are involved directly in the two events' governance and strategic bodies to ensure synergy and avoid duplications.

While it is not envisaged that a formal process of submission of research papers and abstracts will be required for all sessions, the FWG will explore the option of inviting submissions for selected products contributing directly to the Forum programme, including possibly:

- Background papers to support discussion on priority topics;
- Abstracts for parallel sessions or side events to be included in the event programme;
- Case studies illustrating achievements and challenges in HRH development at national level;
- Nominations for awards to recognize outstanding examples of achievements by countries, institutions and individual health workers.

Outcome document

The proceedings of the 3rd GF HRH will be captured in a new outcome document to update and, if necessary, re-conceptualize the Kampala Declaration and Agenda for Global Action agreed at the First Global Forum, reflecting the evolving nature of the external environment and new challenges and opportunities that have a bearing on the HRH policy discourse and actions in countries.

The outcome document will reflect on salient messages emerging from the discussions, link the HRH agenda to remaining years of the MDG framework, the universal health coverage objective, the social determinants of health, the Rio+20 process and the post-2015 development framework . New HRH commitments elicited in the lead-up to the event, and formally announced at the 3rd GF HRH, will also be presented to support the outcome document. The development of this document will be initiated in advance of the 3 GF HRH to elicit wider inputs and generate wider consensus, and will be finalized and endorsed at the conference.

3rd Global Forum - Governance arrangements

The 3rd GF HRH will have a governance structure that will ensure wide ownership of its objective and expected outcomes, with adequate representation of different world regions and constituencies, while at the same time ensuring timely decision making and effective management and oversight of day-to-day operations.

Convener

The Alliance is the main **convener** of the Third Global Forum, and its role is to maintain overall responsibility for the Forum strategic directions, organization and oversight. The Alliance Secretariat will provide the required facilitation and implementation support to ensure the smooth running of operations and the timely completion of all preparations required, including administration and management of financial resources provided in support of the event organization.

Patrons

The Government of Brazil, the World Health Organization (WHO) and the Pan-American Health Organization (PAHO) are the **Patrons** of the conference. In addition to the roles expected of co-hosts (given below), patrons will:

- facilitate aligning the Forum objective, theme and sub-themes to the global health agenda,
- enhance the conference visibility and credibility, and
- advocate the attendance by high-level officials from priority countries.
- In addition, the Government of Brazil will be responsible for hosting arrangements, and for the organization of the local logistics and administrative aspects, including venue, conference facilities, local transport arrangement, security, etc

Co-hosts

The Forum will benefit from the contribution of a number of Co-Hosts, whose responsibilities include:

1. Contributing to the overall strategic guidance and supporting the event organization.
2. Promoting the Forum within the respective networks, in terms of raising awareness about the event, facilitating attendance by high-level officials, and advocating for the wide dissemination and uptake of its outputs.
3. Providing financial assistance to the organization of the event, particularly in terms of facilitating the attendance of participants from low- and middle-income countries, and meeting other essential costs. This support, of varying volume according to the capacity and interest of individual co-host, may be provided either directly to the Alliance Secretariat, or indirectly by taking charge of sponsoring individual conference participants.
4. Co-branding the conference, by allowing the logo of the respective organizations to appear on the conference publications, materials, reports.

    Co-hosts will by default be members of the Forum Organizing Committee, and will also be given an opportunity to be represented, if they are interested and available, in the Forum Working Group (see below).

Partners

Organizations making significant contributions to the Forum will be explicitly acknowledged as Forum Partners. Criteria for being a Forum partner include:

1. Taking responsibility for organizing and successfully delivering a key input contributing to the Forum organization, e.g. a session in the main programme, a required background paper, priority communication materials, etc.,
2. Promoting the Forum within the respective networks,
3. Allowing the name of the respective organizations to be mentioned in the acknowledgement sections of the relevant knowledge and communications products or conference materials and publications.

The list of partners will be identified as preparations unfold, based on actual contributions to the various activities.

Forum Organizing Committee

The Alliance Board at its 14th meeting in July 2012 took the decision to constitute a Forum Organizing Committee (FOC) to commence relevant planning and preparatory activities, and tasked the Board member from Brazil, Dr Francisco Campos with the initial actions required. The FOC's role will be to provide strategic guidance, political support, mobilize resources, and ensure oversight of timely and quality organization of the 3rd GF HRH. The FOC will be chaired by the Government of Brazil, with WHO , PAHO and the Alliance as co-chairs. It will include representation from all co-hosts, and from key constituencies which are members of the Alliance, including professional associations, civil society, academia, international organizations, countries, regional networks, and health workers given an award of achievement at the Second Global Forum. The Alliance Executive Director will serve as Coordinator of the FOC.

FOC meetings will be determined on a needs basis, and will be called by the FOC Chair. It may also be requested from time to time to provide guidance through electronic channels.

The responsibilities of the FOC include:

- Provide strategic guidance to develop the conference objective, themes, etc. programme, and endorse it;
- Ensure adequate resources are mobilized for the organization of the event;
- Monitor at critical junctures the organization and implementation of required activities;
- Strategic direction to development and endorsement of the outcome emerging from the Third Global Forum.

A **Forum Working Group** (FWG), chaired by the Alliance, with co-chairs from Brazil, WHO, PAHO, and facilitated by the Alliance Secretariat staff, will be tasked with the operational aspects of the required preparatory activities. The FWG will interact more regularly, primarily by teleconference, and will be charged with the day-to-day operations leading up to the Forum. In addition to the co-chairs, the FWG will comprise representatives from the selected co-hosts (based on their interest and availability), HRH experts, members and partners, as well as involve on an ad hoc basis other partners as may be required, including contractors tasked with delivery of specific tasks contributing to the organization of the 3rd GF HRH.

The responsibilities of the FWG include:

- Defining a process to develop in a participatory manner the programme of the event, including plenary and parallel sessions, side meetings, networking opportunities and other complementary activities,
- Coordinate and monitor adequate preparations for the conference programme, including its sessions, and required preparatory activities,

- Oversee sub-groups established on specific tasks to:
  - ➤ Coordinate the production of necessary communications and advocacy materials, and outreach advocacy activities;.
  - ➤ screen, review and select public submissions to the conference (including papers - if applicable, abstracts for sessions, requests for side events and satellite sessions, nominations for awards, etc.);
  - ➤ elicit HRH commitments from governments, international agencies and non-governmental partners in the lead-up to the event;
  - ➤ develop and/ or ensure quality assurance of background papers, reports etc;
  - ➤ mobilize the required financial support;
  - ➤ define and implement a process for selecting, inviting, registering and supporting participants to the conference;
  - ➤ ensure timely execution of all required logistics and local organization arrangements, including handling of invites, visa support, protocol, conference facilities.

The FWG will develop a more detailed programme of its own work, including the development of any necessary inputs and preparatory activities, and allocate responsibilities for their timely delivery among the institutions involved.

Annex 2 provides a more detailed plan of the products and activities to be carried out in the lead up to the Forum. The delivery of some of the products, inputs and activities required is in some cases already the prerogative of some agencies and partners involved while for others contractual arrangements will be made by the secretariat as relevant and appropriate for the delivery of inputs. .

Council of HRH leaders

The advocacy and communications team of the FWG, as part of the activities contributing to the 3rd GF HRH, will also convene and work with a Council of HRH Leaders, a group of Alliance Champions and a few selected prominent and influential individuals who will be requested to provide support and political backing to enhance the event visibility and the resonance of its outputs. The possibility will be explored to request the nomination of a UN special envoy for HRH to join this group.

Their responsibility will include:

- Providing statements, media interviews and interventions in the lead-up to, during and after the event in support of the Forum messages and recommendations.
- Deliver (a) keynote speech(es) in critical 3rd GF sessions.
- Present the Forum messages and declarations in key processes and Fora after the conference.

Participants

Stemming from the objectives, the intended target audience of the 3rd GF HRH is mixed, including politicians and policy makers from different relevant sectors, and HRH stakeholders from other

constituencies, including development partners, private sector, media, academia, civil society, professional associations.

Accordingly, the following participants will be targeted:

1. Ministers of Health, Finance, Education and Labour, selected parliamentarians involved in health, education, labour, budget and appropriation committees from the 75 countries accounting for over 95% of the global burden of maternal and child deaths. Among those, special priority will be given to countries affected by severe HRH challenges.
2. Directors of HRH and planning (or equivalent positions) in Ministries of Health from 75 countries above.
3. Ministers of Health and Ministers of Development/ Overseas Aid (or equivalent) from high-income countries which represent priority destination countries for international migration of health personnel.
4. Financiers of global health, including leading development partners, global health initiatives, foundations, private for-profit sector with corporate social responsibility programmes of relevance to the 3GF HRH.
5. International media.
6. Health workers: awardees of the Second Global Forum and nominees for awards at the Third Global Forum.
7. Alliance members actively engaged in Alliance activities.
8. Academia, civil society, professional associations, private sector and employers' association representatives, individual HRH and health systems experts, who are actively engaged in the area of HRH development and health systems strengthening.
9. International and regional organizations and networks actively engaged in the area of HRH development and health systems strengthening.
10. National organizations and individuals from Brazil actively engaged in the area of HRH development and health systems strengthening.

Participation could be both by invitation and by voluntary registration. Out of 1500 expected participants, it is proposed that approximately 600 would be by invitation, for 400 there would be a registration process, and 500 places would be reserved for Brazilian institutions.

No fees will be charged for attendance of the Forum, and attempts will be made to provide financial assistance – within the limits of the available resource envelope – to support attendance of delegates from low-income and fragile countries.

Monitoring and evaluation

The 3rd GF HRH results will be monitored and evaluated both in terms of assessing the participants' feed-back about the usefulness of sessions and effectiveness of organization during and/ or immediately after the event, as well as in relation to following up on a longer term basis on HRH commitments made

by countries, members and partners. Results of monitoring and evaluation activities will feed into organization of related activities of the Alliance, and will contribute to the accountability work stream carried out by the Alliance Secretariat.