The route to effective coverage is through the health worker: there are no shortcuts

A high-level meeting on March 5–6 in Botswana is the culmination of 6 months of discussion on the post-2015 development agenda for health. The hosts (Governments of Botswana and Sweden, with UNICEF and WHO) and participants are challenged to review the submissions to the global consultation on health and to consider an aspirational, inclusive, and yet politically palatable vision for human health after the Millennium Development Goals (MDGs) expire in 2015. Their report will be submitted to the UN Secretary General's high-level panel of eminent persons and the findings considered in the panel's publication in May, 2013. That report will go to an even higher high-level meeting at the UN General Assembly in September, 2013.

The consultation has generated countless blogs, opinions, reports, and tweets. Yet, surprisingly, only 94 papers are posted on the official consultation site, and there are only 19 responses to its synthesis paper.[1] By contrast, the consultation on addressing inequalities received 179 papers and 61 comments on its synthesis.[2] The Botswana meeting might well conclude that the consultation has been open and inclusive, and that the synthesis paper is a fair reflection of submissions (it is), but there is something missing: a consensus. Convergence is apparent: learn from evidence and experience, the unfinished agenda of the MDGs, measure accountability and results, and address equity—with universal health coverage the solution for many. But, a unifying vision or a "yes, we can" dream, is not yet there.

However, is the governance process and the new support for universal health coverage (UHC) the emperor's new clothes in global health—described elsewhere as "old wine in a new bottle"[3]—and will a high, higher, and even higher governance process capture the needs of men, women, and children who are seeking quality care from local health workers? The evidence exists on what is required in the world we want. More than 100 global health experts presented this evidence in 2004 through a Joint Learning Initiative.[4] Their conclusion: the only route to achieve the health MDGs is through the health worker. The same is true for UHC[5] and post-2015, only this time with deeper consideration of effective coverage—ie, the difference between the theoretical coverage implied by the *availability* of the workforce and the actual coverage resulting from the *quality* of the workforce. This is the grand challenge on human resources for health for all countries.

Could the Botswana consensus therefore be the concept of "just health",[6] with health workers at its core?

I declare that I have no conflicts of interest.

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Universal health coverage and the post-2015 agenda

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In her Comment (Jan 19, p 179),[1] Jeanette Vega recognises that, to achieve universal health coverage, "challenges such as human resources for health must be addressed"—a point also explicitly mentioned in a recent UN resolution[2] which calls for an "adequate skilled, well-trained and motivated workforce".

Yet investment by development partners is not adequate to improve the availability, distribution, quality, and performance of human resources for health as an integral element of robust health systems. According to a recent analysis,[3] the proportion of support provided by donors to strengthen management capacity and for health workforce development declined from 27% to 13% during 2002–10, despite the recommendation from the Task Force for Innovative International Financing of Health Systems to target 25% of health-related official development assistance to human resources for health.[4]

To help address these challenges, the Global Health Workforce Alliance is holding the Third Global Forum on Human Resources for Health, in Recife, Brazil, on Nov 10–13, 2013, under the theme "Human resources for health: foundation for universal health coverage and the post-2015 development agenda". The Forum will serve as an opportunity to share best practices and lessons learned on what policy actions and investment decisions are required for the progressive attainment of universal health coverage. Countries, development partners, and other stakeholders will also be invited to make new commitments related to human resources for health in the lead-up to and at the event. Concurrently, mechanisms will be developed to track progress on those commitments, and to monitor health workforce development towards universal health

For the **Third Global Forum on Human Resources for Health** see http://www.who.int/workforcealliance/forum/2013/3gflatestnews/en/