

Human resources back to top of the agenda

Francis Omaswa provides an insight to the latest human resources for health consultations



The World Health Organization (WHO) has posted a draft of the proposed Global Strategy on Human Resources for Health (HRH) for an online consultation by soliciting comments from stakeholders round the world. At the same time regional face-to-face consultations have commenced with the African meeting taking place in Accra, Ghana. The draft HRH strategy has four objectives, namely (i) Making the best use of the existing stock of HRH; (ii) Anticipating future HRH needs; (iii) building capacity for global and national leadership, governance and management of the HRH; (iv) Ensuring the availability of HRH data, evidence and knowledge to underpin monitoring and accountability at global and national level. The new strategy will be tabled for adoption at the next World Health Assembly (WHA) in May 2016. The question is 'what difference will the adoption of this new Global HRH Strategy make, especially to Africa?'

We already have many such resolutions and policies such as the Joint Learning Initiative (2004), the World Health Report (2006), the Kampala Declaration and Agenda for Global Action (2008), the Recife Ministerial Statement (2013), and a multiplicity of other instruments from past WHA, especially the WHO Code on the International Recruitment of Health Personnel. In Africa we have the 'Roadmap for scaling up the HRH (2012- 2025)', adopted by Health Ministers as well as national HRH Strategies which have been elaborated by the majority of countries as a result of the increased visibility of the HRH agenda, and also as a conditionality for accessing development assistance. I want to encourage us to contribute to the development of the new Global HRH Strategy for the following reasons: (i) it is the instrument that is going to be used for implementing and monitoring the role of HRH in Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs) that follow the Millenium Development Goals (MDGs) after September 2015. SDG Goal 3 is on Health and Wellbeing; (ii) we should influence this strategy through our comments so that it builds upon all the previous instruments, and above all that it reflects our interests. What are these interests?

The key tenet of Universal Health Coverage is that 'everyone is entitled to basic or essential healthcare as a fundamental human right' within resilient health systems

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where skilled health workers play a central role. Accordingly, all countries will be looking for skilled health workers, preferably from their own internal sources or from outside their borders. Friends, let me assure you that with the current global demographics, Africa is destined to be a key player in the global health workforce labour market. WHO estimates show that the global HRH shortfall is growing, HRH migration will become the norm and assume mega trends. Ideally this HRH migration as the norm will be regulated and coordinated through instruments such as this Global HRH Strategy and the WHO Code on the International Recruitment of Health Personnel.

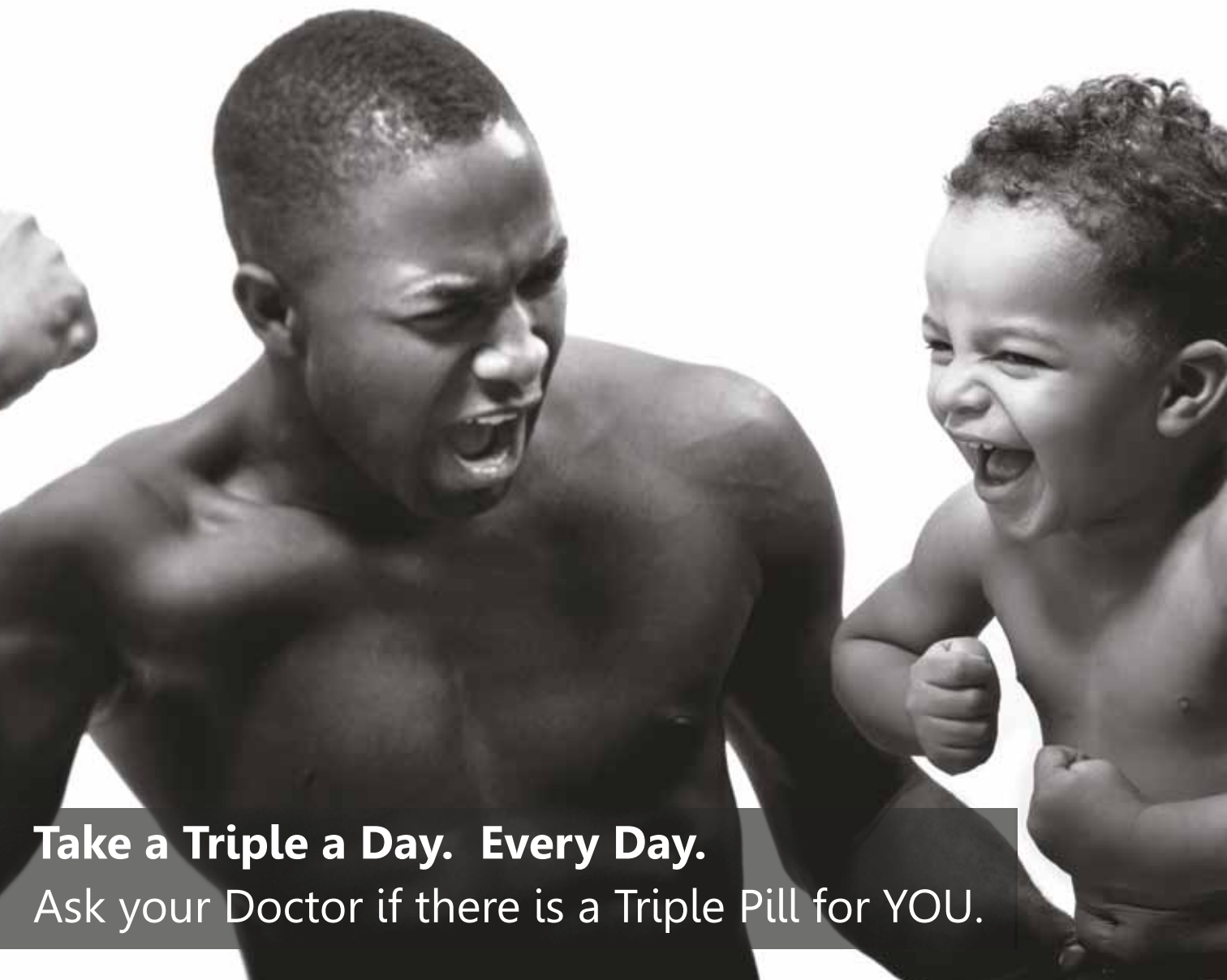
Another interest is at country level; while some African countries have made significant progress during the last decade in responding to the call to strengthen HRH, according to the WHO, there are 16 African countries whose HRH status is getting worse in terms of population to HRH density ratios. This is a matter for concern and calls for vigorous action from global and regional partners to provide support to these countries. As the Ebola outbreak in West Africa demonstrated so eloquently, a weak health system anywhere poses a global health security risk to us all. The Global HRH Strategy should therefore ensure global equity so that there are no weak points anywhere in the global health system.

Another and possibly the most important interest is that we in Africa still face major challenges in getting population health recognised as a key priority is assuring human security, social and economic development. The talk among many African political leaders is that the current priorities are infrastructure and energy, and not for example working conditions for HRH. We hope that this new global HRH strategy will provide for an investment case for HRH enabling this matter to become a development and social issue over which elections are won and lost in Africa, as is the case in other parts of the world. It should also provide the case for the global community to see and support Africa in a new way that promotes African ownership and accountability instead of continuing to dish handouts.

Yes, it is possible. I was encouraged to receive reports from African countries who are superior performers in their HRH planning. We were shown HRH information systems that have the potential to ensure that those countries will be right on top of their HRH issues as we move forward. So let's all send our comments on the Draft Global HRH Strategy Workforce 2030 to: workforce2030@who.int

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The 2014 Namibian Guidelines for Antiretroviral Therapy and The World Health Organization recommend Fixed-Dose Combination Therapy Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection, Geneva, World Health Organization, 2013. (<http://www.who.int/hiv/pub/guidelines/arv2013/en>)

