

# Who will coordinate the Global Health Workforce Agenda?

The World Health Organization downgrades the Global Health Workforce Alliance to a network. Can this achieve the still much needed scope and vision of the original body? Francis Omaswa is concerned



Our last discussion was about the May 2016, World Health Assembly (WHA). Among the many activities that took place during the WHA was the 'celebration' of 10 years of the life of the Global Health Workforce Alliance (GHWA), and the transformation of this institution into a Network with a secretariat at the World Health Organization (WHO) Department of Health Workforce (HWF) and an independent Management Board. The question that arose was whether this event was a celebration or a funeral for GHWA? I argued that it was both.

A celebration because the founding documents of GHWA are beautiful with very clear objectives, deliverables and methods of work and in a short time we achieved a lot. We raised the visibility of the Health Workforce crisis, we quickly generated new knowledge on country and global work through the work of task forces and working groups, and we convened the first ever Global Forum on Human Resources for Health (HRH), and have held two other to follow on that. We have succeeded in having HWF as a target in the Sustainable Development Goals, and the United Nations Secretary-General (UNSG) has always been supportive as he sent us a personal video message at the first Global Forum in Kampala. He has now appointed a High Level Commission on health employment.

We were committed to the vigorous pursuit of our work agenda, and in 10 years, we expected to see some illustrative deliverables including:

- (a) a significantly increased number of countries with strong national strategic plans and strong indigenous management capacity;
- (b) ramped up investments in pre-service education;
- (c) stronger workforce policies and regulations;
- (d) growing literature and body of knowledge;
- (e) global focal point for information and communications, knowledge, and learning;
- (f) and solutions to some vexing problems indeed we achieved one feat in having the WHA adopt the WHO code on the International Recruitment of

Health Personnel.

In Africa, much as the HWF densities have not changed in 10 years due I believe to rapid population growth. A lot is happening and there has been concrete progress. We now have an African HWF Roadmap adopted by Health Ministers and Heads of State. Thirty (30) countries have HWF plans, and there are exciting education initiatives such as Nursing Education Partnership Initiative and Medical Education Partnership Initiative that are now being shared in the region. We have new leadership at WHO Afro that is repositioning to support HWF work in partnership with the African Platform on HRH and other partners.

However, why is the down grading of GHWA also qualifying as a funeral? Surely the HWF crisis is not yet over; for which the required solutions call for strong and coordinated advocacy, leadership and accountability at all levels, national, regional and global. At global level the situation is getting more complicated, considering the projection in the new Global Health Workforce Strategy of 40 million HWF deficit and the attendant implications for migration. In African countries there are tensions over competing priorities; do we invest in infrastructure or human capital? Between the professions too there are tensions over roles and visibility. Which agency has the resources and mandate to bring all of us together? There is clearly still work for a strong GHWA and it will not work to leave the leadership of this work to WHO alone.

In Africa, at funerals, we also announce and install heirs and whatever mechanism will be selected as the heir to inherit residual GHWA roles, it will be important to ensure that this is well led. Furthermore, we were informed that Regional Networks in Africa, Asia, Europe and the Americas will be the mechanisms for coordination. In Africa, we have the African Platform on HRH, which we need to rally around and I call upon the WHO Regional Office for Africa, AU Commission, and Regional Economic blocs to prioritise the HRH agenda by strengthening professional associations, unions, academic institutions, and advocacy groups to ensure the the HRH agenda remains visible in the region. If we do not do this, African professionals will be boarding planes to fill the huge gap in other countries.

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Francis Omaswa, CEO, African Centre for Global Health and Social Transformation (based from Kampala); Founding Executive Director of the Global Health Workforce Alliance.

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