Can low-income countries afford skilled health workers for Universal Health Coverage?

Francis Omaswa discusses the importance of utilising health workers, and offers a solution on how best to advocate Universal Health Coverage within low-income countries

Two weeks ago in my country, Uganda, the President went to visit one of the districts and ended up sending away all but one of the 12 or so health workers in that rural health centre. This happened because during a public meeting at the health centre, the population expressed dissatisfaction with the quality of services that were being provided to them by the health centre. This health centre closed down immediately, but was reopened later in the week by health workers from the military. There was uproar on social media against this action by the President. The opposition political leadership called a press conference to condemn it. The President moved quickly and invited a selection of health workers leaders to State House for discussions and followed-up by attending the annual dinner of the Uganda Medical Association (UMA) to facilitate further dialogue with the professionals.

I attended this dinner and as the newly elected chair of the Elders Forum of the UMA, I had an opportunity to speak. I informed the President that Uganda has very well trained health workers who are patriotic and loyal to the country and the population, and were well liked outside Uganda as evidenced by their outstanding contribution to the recent Ebola outbreak in West Africa. What was needed, I said, is to support them in addressing the health challenges in the country.

The President of the UMA made a list of requests, including the hardships of Internship, salaries for unpaid Senior House Officers. Another speaker asked the UMA for land to build a permanent home among many other demands. The Minister of Health spoke and pledged the commitment of the entire health sector to achieve national health and development goals.

Then the President addressed the well-attended dinner. He explained his development approach and his national priorities, which were about building an infrastructure base for economic growth. These include better tarmac roads, cheaper energy from power plants, regional integration for market access, security and peace. He understood the need to pay higher salaries for health workers, but this has to await the growth of the tax base. He advised health workers to form cooperatives in order to reduce costs of their purchases and transactions, including setting up communal nurseries and schools for their children, and other special arrangements to access cheaper commodities.

Last week, The African Centre for Global Health and Social Transformation convened a symposium in Kampala on Health Worker Migration in Uganda and Nigeria. There was a key note speech from the World Health Organization Geneva Health Workforce Department, in which we were informed that the demand for health workers will increase globally, but more sharply in low-income countries by 2030. At the same time, it is these same low-income countries that will not be able to afford the health workers that they need due to low absorptive capacity, or simply put, ability to pay and employ them. On the other hand, developed countries will also need more health workers, but will be able to pay for them and will also be able to recruit from low-income countries.

So the position of the President of Uganda was vindicated. Yet at the same time we are advocating for Universal Health Coverage (UHC) for which skilled health workers are required and yet paradoxically are too expensive for low-income countries. What is the way out of this dilemma?

I venture to put forward a two pronged solution: first, we should demystify and simplify health delivery mechanisms. Health promotion embedded into the routine administration of society should enable households to be reached so that they are clean and hygienic. Food security for nutrition should be assured by enforcing the growing and proper storage for the right food crops by the majority rural population, and immunisation, attendance at antenatal clinics, and supervision of rural and urban health facilities should be part of the roles of all community leaders, and not left to health workers alone. This approach will ensure that no household is left behind, which is the battle cry of UHC. The second approach is to introduce alternative and additional financing mechanisms for healthcare. Many rural communities and households spend a lot of out of pocket money on healthcare with the wrong providers, such as traditional healers, quacks or unscrupulous private for profit providers. Governments should take bold moves to pool and manage funds, which should then be applied to recruit and pay the needed health workers so that they can live and work in dignity among the communities that they serve. If we wait for the tax base to grow, the rich countries will spirit away our best brains and UHC will remain a pipe dream for too long.

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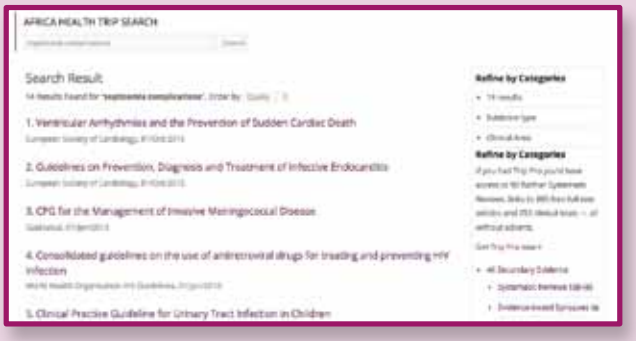

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