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The right to roam

It is interesting to see the World Health Organization (WHO) Code on the International Recruitment of Health Personnel is back in the news again (see Francis Omaswa's column on page 7). It was a hard fought campaign that brought it into being in 2010, as several African countries were suffering health system meltdown from huge migrations of their staff heading for pastures new in Europe, the USA, the Middle East or South Africa. At the time, the Code seemed to be of critical importance, and I can recall we hailed its advent strongly in the columns of this journal.

But equally, I remember talking about it with health professional friends in different parts of Africa and noticing their guarded reticence towards it. Deep down it was clear that there was a struggle going on between the right to work wherever one wished, and the need to sustain health services at home. I was looking at the issue with one eye, not the two that they were using.

Although hailed initially as a 'victory for Africa' it is clear now that my friends were not alone in their uncertainty about the plan. That only one country (out of 47) in the African region of WHO has managed to respond to a request to submit a report to Geneva on progress in implementation of the voluntary code is testament to a wider unease and ambivalence towards the Code.

And yet, as Francis Omaswa predicts, the global health workforce shortages are only going to get more acute.

Maybe it is time for a further rethink? Why I wonder could it not be possible to develop a system whereby all graduates of accredited institutions be tagged with a licence number which references their country and institution. For the first six years (say) of practice this reference number triggers a payment by their employer to their training institution. If on home ground, no payment. But if in Dubai, Durban, or Derby, then a sum would be payable annually. These funds would then help establish the training institution as a centre of excellence, probably help improve the number of trainees they might take in each year, and in turn help to meet the global needs for physicians, nurses and paramedic staff.

Training would become an export. And the quality of the training which is currently under such pressure in many African countries, would rise through the added funding reaching the institution. Maybe we should develop these thoughts further to examine the finer practicalities?

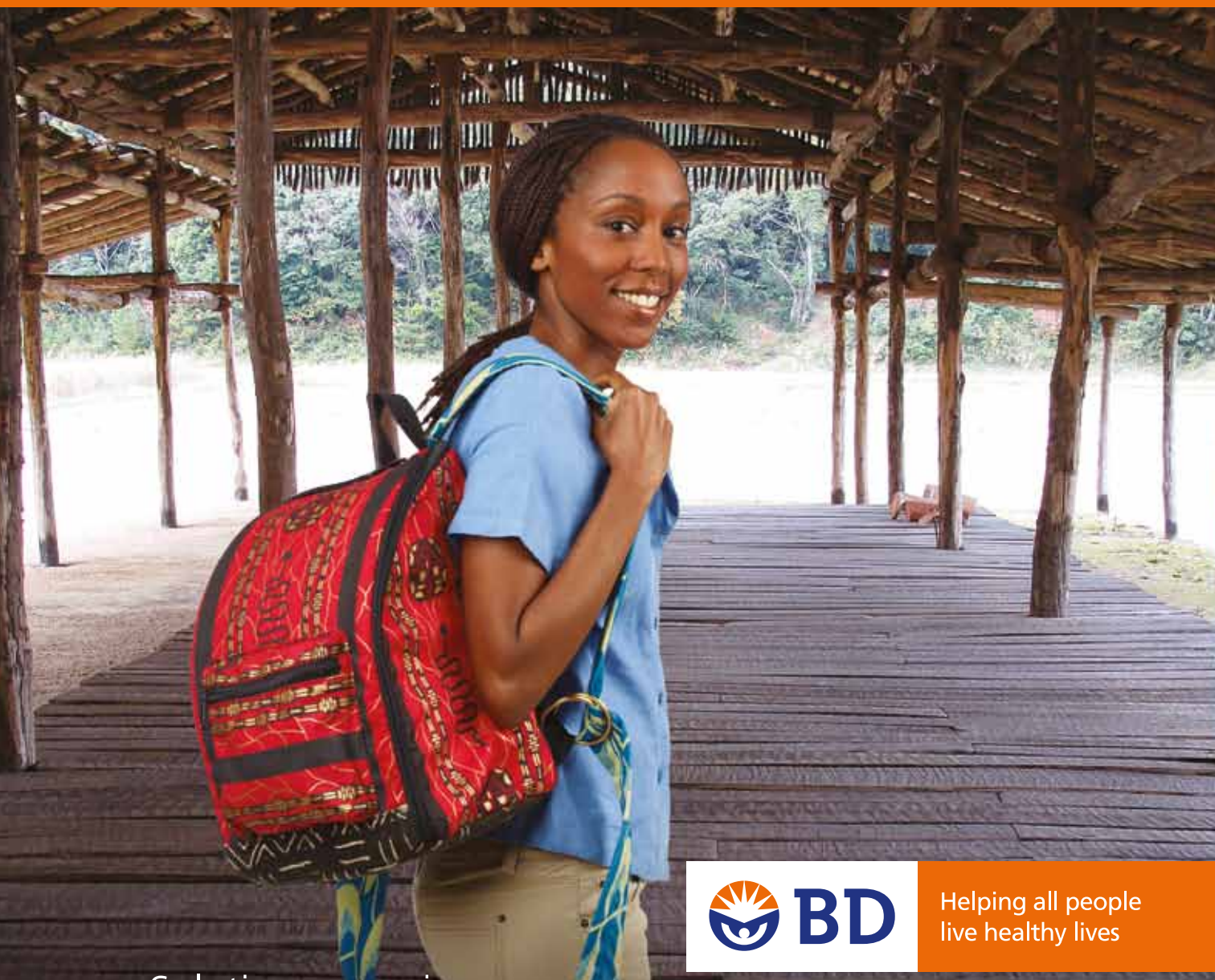
What is increasingly evident is that just stopping people leaving their home country is not a solution to either the home problem, or the global problem. Fresh thinking is needed.



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