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Towards global equity in human resources

I attended the African Platform on Human Resources for Health with a very deliberate intent of introducing a few hornets into the room. I've become convinced that trying to deal with the issue from a purely African perspective is simply a waste of time. We can have all manner of policies and plans, road-maps and codes, but ultimately it is not in Africa's hands because with limited cash in the health system, instability remains strong, and Africa will continue to haemorrhage staff to richer countries.

The forces are getting stronger and the following evidence is hard to counter. I quote from the preface to the recently published *Global Strategy on Human Resources for Health: Workforce 2030* published by the World Health Organization (WHO).

'Realistically, the scale-up required in the coming decades to meet increasing demand, address existing gaps and counter expected turnover is greater than all previous estimates. Projections developed by WHO and the World Bank point to the creation of approximately 40 million new health and social care jobs globally by 2030, and to the need for 18 million additional health workers primarily in low-resource settings, to attain high and effective coverage of the broad range of health services necessary to ensure healthy lives for all'.

The bulk of the 40 million are going to be needed to care for the ageing populations in the global North. Will they be able to train these people themselves? From the evidence I can see, the answer is a simple 'no'. They'll train more, but in no way will they be able to train numbers of this magnitude.

So where will the additional workers come from? Well... I think it is inevitable that it is going to be the global South, and a significant part

of that, from Africa. The International Code on Human Resources for Health tries to persuade against recruitment of health workers from Africa, but whilst its reporting remains compulsory its adherence remains voluntary. I fear it is not fit for purpose.

Instead, we need to start exploring new avenues. Looking at how Africa can support its friends in the North, and do so in an equitable fashion. It costs US\$290 thousand to train a physician in the UK; while it is just \$85 thousand in Nairobi.

There really does need to be a realignment of where we are going. African educational institutions can revitalise themselves by training a percentage of their output literally for export. But a mechanism must be found to then ensure that they are paid for their work. It should not be a matter of reparations or compensation, better it should be mutual and consensual cooperation, planned in supportive partnership to the Northern neighbours. At well under half price, the value of the African Human Resources for Health proposition is crystal clear. And if there can be global consensus allowing for the training cost to be refunded to the training institution, it will not only be equitable, it also has the potential to be game changing for the currently cash-starved institutions.

Happily, the hornets stung no-one, but their presence was keenly noted by those present. Change is in the wind.



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