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Money, global equity and the health workforce

Africa's health profile is improving, but at a much slower pace than would be the case if all governments committed the promised 15% of the national cake to healthcare as promised in the Abuja Declaration. Currently only Liberia, Swaziland, Rwanda and Zambia have met that commitment.

The just concluded Regional Committee of the World Health Organization (WHO) African Region, held at Victoria Falls in Zimbabwe, considered the latest report on the health workforce (HWF) challenges facing the continent and once again called on national governments to respect the 15% call.

It went on to make a series of decisions, which realistically can only be achieved if the 15% is granted. Without it, unless new money can be found from elsewhere it is just good intention.

As we all know, throughout Africa there is doctor and nurse unemployment side by side with doctor and nurse shortages. Health service finance is so stretched it can't afford the staff it needs. Quality of care suffers and despite unimpeachable evidence that demonstrates the positive economic benefit of a healthy workforce, most governments remain deaf to the call for proper funding.

A WHO press release calls out the problem: 'As countries in the Region aspire to attain sustainable development goals (SDGs), HWF shortages and imbalances could be the Achilles heel that can derail the attainment of these goals.'

As at 2015, the African Region had an average of 1.30 health workers per 1000 population, far below the 4.5 per 1000 required to deliver the SDGs. Out

of the estimated global HWF shortage of 14.5 million required for Universal Health Coverage (UHC) and SDGs, the African Region has the most severe HWF shortage, estimated to reach 6.1 million by 2030. But the reality is that the projection for the shortage of human resources for health elsewhere in the world is also huge.

And many of these countries have financial and insurance systems which mean that their human resource costs can be covered. So what is going to happen? Of course Africa is going to continue to lose its health professionals and there will continue to be a complete lack of sharing of the training costs.

It is iniquitous!

And it renders much of our Health Ministry planning meaningless. New money has to be found for healthcare, and a partnership by accredited African training institutions to help the Global North reach its HRH requirements, whilst receiving proper funding for this work, would be a realistic way to bring that new money into the system, and allow excellence to return to the care those training institutions can also deliver to their patients.



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