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When there is no doctor

The 4th WHO Forum on Human Resources of Health took place in Dublin in November. I'd attended the first two and went along again hoping to witness some significant progress. Sadly I came away underwhelmed. There is a lot going on in the sector, and the King of HRH, Francis Omaswa, talks positively about his takeaways from the conference in his column on page seven of this issue; but for me Africa remains in a very vulnerable position and unless there is a sea-change in the global approach to health workforce issues our condition is not going to improve. The big thinking is all going on at the community workforce level with many excellent papers emanating from research and projects coordinated and funded by the big agencies in the sector. But all too often the community workers are expected to do their vital work for no financial reward, and who is going to supervise them when the agencies have gone? In many cases, there remains a lack of integration with the traditional doctor/nurse led team. And there's the rub. There is a lack of attention being paid to the migration of these cadres who form the backbone of the physical care of patients.

Migration is not going to go away; in fact, I believe it is going to get worse. So either we have to find a way to monetise the training, which can help boost conditions of service and facilities for those who stay behind, or… to put it very bluntly… Africa's public sector health services are not going to progress, and neither will the training institutions which are screaming out for better public funding.

An alternative of course is for governments across the continent to start adhering to the Abuja Declaration they all signed up to in 2001 and commit 15% of GDP to the health budget. But the recent revelation that during the financially frothy period of the MDGs, the spend by Africa's ministries of health actually reduced, brings little comfort to any notion that the Abuja Declaration commitment might be met.

At the last count, eight countries in Africa saw major strikes by doctors or nurses during 2017. The latest strike by physicians in Uganda is on hold, waiting to see whether the government will implement the settlement deal. Kenya's health service was seriously undermined by long strikes during the year, first by nurses, and then by doctors. The common thread: pay, conditions, and respect.

Private sector healthcare in Africa is moving positively. But public sector care in many countries will not survive much more of the same old formulae. Change has to come if care for the ordinary African is to approach a satisfactory status.

And finally, a reference to mHealth. I've commented in this column in the past on the plethora of 'solutions' and the inability to scale any of them. A recent study by IQVIA claims that there are 318,000 healthcare apps now available! The fog just gets denser.

Bryan Pearson
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I need you here...

Taking your HIV medication EVERY DAY can help you be here when I grow up. I heard there's a "Triple Pill" that can make it easier.

Take a Triple a Day.
Every Day.

Ask your Doctor if there is a Triple Pill for YOU.

The 2014 Namibian Guidelines for Antiretroviral Therapy and The World Health Organization recommend Fixed-Dose Combination Therapy
Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection, Geneva, World Health Organization, 2013, (http://www.who.int/hiv/pub/guidelines/arv2013/en)

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