

# Global perspective: working together

David Weakliam discusses the importance of partnerships on equal terms and the centrality of health workers to Universal Health Coverage

Governance for health is critical in aligning the many actors and interests for Universal Health Coverage (UHC). Correct strategies are key: the wrong ones, like building big hospitals without focusing on Primary Health Care (PHC), will not improve population's health. Weak leadership for health is a challenge in Africa that leads to poor strategic health spending and failure to invest in PHC, resulting in turn to persistent inequalities.

Africa faces the problem of aid with consequent economic models. Donors have their own interests, development partners have ideas, technical and financial power and coordination and collaboration is needed so that aid does not turn into a problem. This 'thinking event' should promote a mind-set change that engenders the can-do attitude and commitment to leadership, ownership and self-determination.

There are recommendations from the first Global Human Resources for Health (HRH) Forum that adopted the Kampala Declaration and Agenda for Global Action, Health Workers for All and All for Health Workers. It was very clear that health goals cannot be delivered without the health workforce (HWF). In 2006, the Global HWF Alliance was established, with Francis Omaswa as the first CEO, and it continued to 2016, its planned 10 years. Now we have the Global Health Workforce Network (GHWN) and the Sustainable Development Goals (SDGs). SDG 17 on Partnership is important as it determines how we do things and how to do things better. Partnership is about working together on equal basis where we do not let others dominate. This is the key to future success as we learn to do what we previously failed to do.

UHC is a global consensus that is the agenda for health care everybody needs. There are many actors, including UHC Partnership, Global Financing Facility, Global Action Plan for SDG3 and global health initiatives for UHC. They all need to address the HWF issue.

It is important to focus on understanding HWF labour markets. *Demand* is the number of funded jobs while *supply* is the number of health workers available for recruitment to meet the demand. *Need* is the minimum number of health workers required to meet population health expectations. The Global Health Strategy 2030 has a threshold but not a target of 4.5 physicians, nurses and midwives per 1,000 population. It is also about the right skill mix of different types of health workers to meet the future health needs. Demand for health workers is less than the need as there are many countries whose economy cannot afford to meet the need. Yet, in other countries,

the demand for health workers is greater than the need, providing unneeded services like cosmetic plastic surgery.

The GHWN goal is to strengthen global capacity to implement the transnational HRH agenda and has three objectives: (i) inform high-level political engagement for multilateral dialogue on the WHO Global HRH Strategy; (ii) provide a forum for implementation of the Global HRH Strategy; (iii) foster global monitoring and mutual accountability. The Global Health Workforce Strategy contains four strategies and policy options to address HWF challenges and was endorsed by the 69th World Health Assembly in 2016.

The High-Level Commission on Health Employment and Economic Growth recommends new directions for creating decent health sector jobs, especially for women, quality education, service models on prevention and community based people centered care, harnessing information technology, raising additional resources, inter-sectoral collaboration and research on HWF labor markets.

WHO manages the GHWN board and Strategic Advisory Committee with six hubs, namely: Youth, Gender, Data and Evidence, Community Health Workers, Health Labour Market, the Education and HRH Leadership.

GHWN has a two-year work plan on: building and synergising existing hubs, responding to emerging themes of migration, regulation and accreditation; communication, advocacy and collaborating with other UHC networks. Key events are targeted for 2020: the 5th Global Forum on HRH, the WHO Code on managing migration, and the International Mobility Platform.

HWF migration is Africa's priority and the hub is addressing the 'pull' from high income countries while Africa can address the 'push' factors. The current dialogue focuses on mutuality of benefits and African countries need to ensure bilateral agreements are of benefit to them moving from competition to collaboration.

GHWN looks forward to strengthening collaboration with Africa through the WHO African Region, East Central and Southern Africa (ECSA) Health Community, the College of Health Sciences (ECSA-CHS), the West African Health Organisation (WAHO), the African Platform on Human Resources for Health, the Health Workforce for Africa Coalition, and NGOs such as ACHES, AMREF and the Regional Network on Equity in Health in East and Southern Africa.

In conclusion, governments should invest in HWF for UHC; global governance must enable country-led action in Africa; African countries should engage with GHWN; and regional bodies in Africa should strengthen collective action to not let high-income countries dictate practices on international migration.

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