

Is the Global Health Workforce (HWF) Crisis getting out of Control?



I have noted with concern the flow of negative information on HWF globally and in Africa. There are frequent reports in the press about demonstrations and strikes of health workers in both high- and low-income countries. There are also concerns unregulated recruitment and migration of health workers from African and other Low-Income countries by developed countries. These concerns have also been expressed by HWF leaders pointing out this restless and unstable global HWF situation. The Governing Council of the African Forum for Research and Education in Health (AFREhealth) in Lubumbashi, D. R. Congo discussed these concerns.

The Global HWF Crisis, characterized by widespread shortages, maldistribution and poor working conditions and was first described by the Joint Learning Initiative report in 2004, is persisting and appears to be getting worse despite a global response.

Human resources are the most important component of the health system. It is people who drive and implement all the other components of the health system. Without health workers, it will not possible to achieve UHC and other SDGs.

There has been a significant, effort and a global campaign to highlight the importance to the HWF in achieving good health and related SDGs. These efforts, among others, include publication of the World Health Report, 2006, "Working together for Health", establishment of the Global Health Workforce Alliance and the follow-on Global Health Workforce Network. We have Regional Partnerships and networks such as the African Platform on HRH and similar bodies in other regions. Five Global HRH Forums have been convened in Kampala, Uganda; Bangkok, Thailand; Recife, Brazil; Dublin, Ireland and Geneva, Switzerland. The UN Secretary General, Ban Ki Moon appointed the U. N. High Level Commission on Health Employment and Economic Growth and at least one UN General Assembly session has discussed this subject. There are multiple World Health Assembly Resolutions on HRH including adoption of the WHO Code on the International Recruitment of Health Personnel.

On top of all these, there is The Global strategy on human resources for health: Workforce 2030 to guide the world on how to achieve our HRH aspirations. The Global Health Workforce Network was launched in October 2016 as a global mechanism for stakeholder consultation, dialogue and coordination on health workforce policies through the implementation of the Global Strategy on Human Resources for Health and the recommendations the UN High Level Commission.

The U.N. Commission identified the health and social sectors as a major and growing source of employment, and a strategic area for investment that translates into more decent work opportunities than most other industries, particularly for women and youth. It also dismantles the long-held belief that investment into the health sector drags the economy. The Commission finds that health workforce investments coupled with the right policy action could unleash enormous socio-economic gains in quality education, gender equality, decent work, inclusive economic growth, and health. This is important because in the past some economists wrongly classified the health sector as consumptive and without economic returns.

We now see a situation where HWF training has increased in many African countries but domestic recruitment and employment has not kept pace resulting in unemployed trained and restless health workers in vulnerable health systems and who are now targeted by international recruiters.

An estimated global shortage of 18 million health workers is expected by the year 2030 – placing many already vulnerable communities at the brink of health disaster. In response to their own growing HWF shortage, many high-income countries have turned to international recruitment to respond to their health care worker gaps. This growing dependency on recruitment of international health care workers, coupled with lack of investment in the home countries is driving dangerous depletion and destabilization of health. How do we respond to this crisis?

First, an advocacy initiative should be launched to put this HWF crisis back on the radar and priority list of political leaders as an issue that is central to the achievement of UHC and SDGs. This advocacy campaign could be coordinated by the WHO and HWF Network, involving Regional bodies, such as the African Platform on HRH, Professional associations and Civil Society Organizations. Opportunities of upcoming events should be used. These include the next World Health Assembly, the process for adoption of the African HWF Investment Charter, African Union Commission meetings and other regional bodies such as WAHO, ECSA-HC, SADC. Another UNGA should discuss this HWF crisis.

The solutions to the crisis have been well articulated. However, the multisectoral action that is required in countries has made implementation difficult for the leadership of the health sector. This is why engaging heads of state and governments is proposed along with convening multi-sector advocacy events and meetings.

On top of this, there is need to build in-country HWF leadership technical capacity. In many countries, HWF leadership does not focus on linking HWF skills to population health needs but focuses more on managing individual health workers careers.

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