

Western countries have a moral responsibility

Interview with Dr. Mubashar Sheikh, executive director GHWA

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Dr. Mubashar Sheikh is executive director of the Global Health Workforce Alliance (GHWA). In April this year he visited the Netherlands to join the 'Wemos' World Health Day' event and to discuss the human resource crisis with Dutch parliamentarians and NGOs. Before the event the *Global Medicine* team had the chance to ask him some questions about the human resource crisis.

Could you explain something about the different strategies being implemented to prevent brain drain?

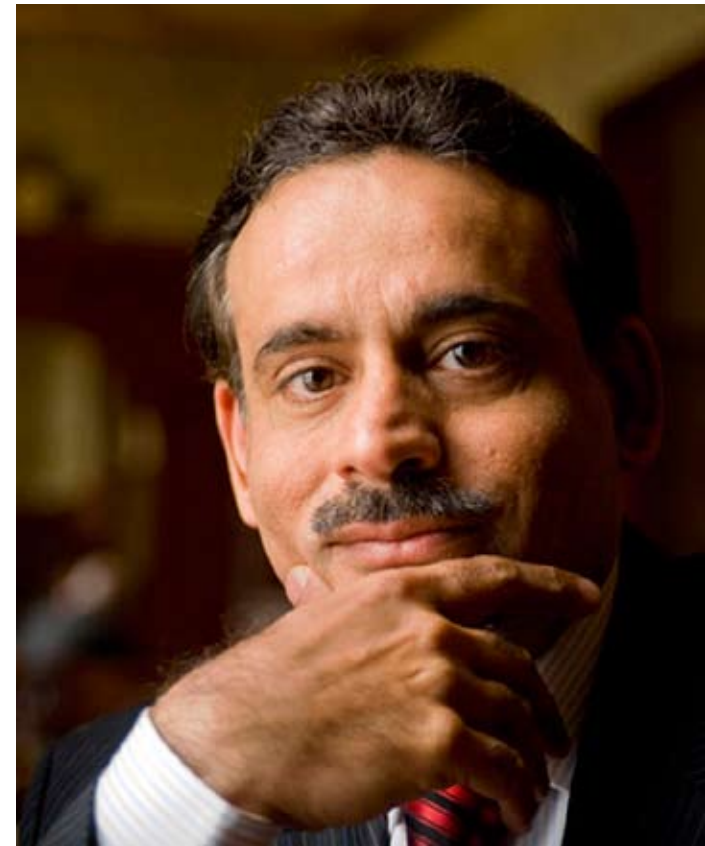
Western countries are recruiting and attracting people from the south, where there's already a shortage of skilled people. This causes a double negative impact on developing countries: they are underproducing and on top of that they are losing highly skilled people. This creates ethical problems and decreased access to care. Everyone has the right to migrate, but rich countries have a moral responsibility as well. They have to limit the number of health workers moving from the poor part of the world to their countries and they should invest more in domestic training and education; they need to be self-sufficient. The problem is that it is cheaper to attract

people from developing countries.

On the short term, northern countries can help poor countries with training more health workers, expanding the infrastructure and improving the access to health care. Finally, a global code of practice of the movement of health workers is being developed to manage the problem.

In earlier interviews you have emphasized the importance of focusing efforts on health care workers in general, not only on doctors and nurses. Could you explain why this is important?

Besides doctors and nurses, a lot of other health personnel is needed, such as public health workers, technologists, researchers, managers and economists. It takes a lot of



time and money to train a doctor, so it is important to focus on all health workers. It is possible to shift tasks without losing quality, for example the distribution of medicines or prevention tasks. We need to fill the gap by training other types of health workers, such as midwives.

After policy guidelines are designed in an international context, how are policies implemented at the national or regional level?

The policy is based on a common agreement by all the parties involved: donors, the rich countries, the poor countries, civil society and the private sector. In our experience, countries are willing to implement these policy guidelines. However, the approach should be country specific because of internal differences. The local government is responsible for acting, for example by influencing the push and pull factors.

Global Health Work Force Alliance: a response to the crisis in human resources

The GHWA, hosted by the WHO, was launched in 2006 as a common platform for action to address the shortage in the health workforce. GHWA raises political dialogue and establishes partnerships between governments, agencies and researchers in order to help countries attacking the problem of brain drain.

Are you happy with the outcomes of the G20?

Fortunately, at the G20 it turned out that world leaders are still committed to aid for health care. The health sector in poor countries is highly dependent on foreign aid as 60-70% of the money for health care in these countries comes from donors. If the financial crisis becomes bigger, it can have an adverse impact on the health sector. In contrast, the number of poor and diseased people increases. So this is the right time to increase investment in the health sector.

Brazil is seen as an example to the world in its primary health care approach. What are the most important reasons of this success?

In Brazil, an approach was started with respect to primary health care in rural areas. They introduced new categories of health workers, for example family teams, and they linked those to the nearest health care facilities. The results are very positive. Brazil is a real success story from which other countries can learn a lot. (Read more about the primary health care approach in Brazil in the next article *Human resource crisis*)

Rich countries should be self-sufficient

Brain drain

Brain drain or human capital flight is a large emigration of individuals with technical skills or knowledge, normally due to conflict, lack of opportunities, political instability and/or health risks. Brain drain is usually regarded as an economic cost, since the highly skilled individuals usually take with them the fraction of value of their training sponsored by the government. Besides the economical disadvantages, brain drain has more important consequences, for example the severe shortage of health workers in donor countries.

Push & Pull Factors

What causes this unequal distribution of health professionals? Migration of health care workers is influenced by several factors: the so-called push and pull factors.

Pull factors:

- ➡ good working conditions
- ➡ high income
- ➡ job satisfaction
- ➡ career opportunities
- ➡ high quality of management and governance

Push factors:

- ➡ political instability
- ➡ war
- ➡ lack of facilities

Our readers are all medical students with a keen interest for global health. What would we have to do to be in your shoes in 30 years?

It is very important for medical graduates to gain experience through internships, for example. It might be hard to combine clinical

medicine and public health, but it gives you a much broader scope and career opportunities. However, my children do not believe that I am a medical doctor because I am not involved in clinical work. That is the downside of becoming a medical doctor without clinical practicing.

Further reading

- Website Global Health Force Alliance
<http://www.who.int/workforcealliance/en/>

