



Health Manpower Development

Meeting health needs

by Abdul Rahman Al-Awadi

Health manpower is the key to the whole health system structure, as this system depends mainly on service delivery. Since the key person in health care delivery has traditionally been the physician, physicians have dominated the health manpower picture and have tried to build the pattern of health care around themselves. The result has sometimes been very far removed from the actual health needs of communities.

There have been other serious consequences. Firstly, a great deal of emphasis has been put on training and developing physicians, and very little attention has been paid to other categories of health personnel. The training of medical personnel has always been hospital-centred, and hospital-oriented health care has tended towards specialisation and sub-specialisation. As a result, community physicians and general practitioners have become "second class doctors" (the specialists being the "first class doctors"), and teamwork by all medical personnel has not been recognised as lying at the core of health care delivery. Finally, physicians have been left to themselves to plan the health care delivery system without involving such people as economists, paramedics, statisticians, planners and sociologists, while the medical schools have been dominated by physicians and shaped around them to the exclusion of other categories of health manpower.

These consequences have led to the over-production of certain manpower in some countries, especially the developed nations. And the surplus of physicians has become critical in developing and

developed countries alike. On the other hand, a lack of other types of health manpower can be found in some countries such as Brazil, where physicians have even been doing the work of the nursing staff in certain areas of health care delivery.

Such situations do not only create an imbalance in manpower pro-

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duction, but also result in social unease and self-dissatisfaction. Thus in Mexico, the large numbers of unemployed physicians are causing a problem for the government, as they are very vocal in their demands and grievances because of their sophisticated education. In addition to this, the high cost of training of physicians poses a challenge to many governments in



Health workers in training in the Eastern Mediterranean region. In the past, too much emphasis was put on training physicians, and very little on developing other categories of health personnel.

Photo WHO/D. Henrioud

the present period of economic recession.

If the picture is already dark in some developed countries, the developing countries should learn their lesson and be fully aware of the great danger that may befall their own health care systems if proper thinking has not been applied to the issue of health manpower development.

What can they do? The answer is to undertake appropriate health manpower planning. How can this be done? Firstly they must establish the country's health care delivery requirements, taking into consideration all the factors that influence economic and social conditions. Of course, health care delivery systems vary but if the guiding principle is the Alma-Ata Declaration on primary health care and the main goal is Health for all by the year 2000, the range of needs can easily be defined.

Next, they have to set down the proper objectives and goals in such a way that they can be quantifiably defined and easily accepted by the policy makers. They should move to create a central health planning body working in close coordination with the country's general plan, if there is one. The central planning body should include representatives of all levels of health personnel, besides specialists from other fields such as economists, sociologists, statisticians, planners, health managers and education experts. And let us not forget the consumers—representatives from the general public.

It is important that the health plan produced by this central planning body should be built around the health needs of the population

and should be realistic in its objectives and goals. A health plan document is easier to prepare than to carry out.

Now the problem will be to develop the right health manpower mix. This mix is the real fuel and moving force in carrying out and expanding health care, so the health manpower training system has to be carefully designed. This is where the real challenge for health planners exists. An appropriate coordination mechanism between the production of health manpower and the use made of that manpower is of utmost importance.

Finally, it is vital to clarify the role of ministries involved in health care delivery and the role of training bodies involved in health manpower production; proper links and coordination between these two bodies will require the utmost political backing. Without such backing the problems raised by an improper health manpower mix will seriously jeopardise the future of the developing countries.

Using the surplus

In view of the above, the question might be asked: How can we deploy a surplus of health manpower in developed countries to benefit the developing ones?

Much of this abundance of health manpower may on the face of it be unsuitable to the needs of the developing countries. But if it is truly intended to make use of this surplus, I believe that a real commitment should be made by the countries with a surplus to transfer these health personnel to developing countries once they have been properly trained and reoriented. The developing countries themselves should be willing to incorporate this influx of manpower into their health system after making sure that they are properly trained for the type of health care they will undertake. This programme could be carried out under the sponsorship of international organizations.

WHO itself has a great deal of influence and prestige among all countries as regards the delivery of health care to counter the health problems of the world. But unfortunately, its role in health manpower development has not been effective and influential. This is in part due to the lack of coordination with



A student nurse learns how to weigh a baby. An improper "mix" of all kinds of health worker can seriously jeopardise the future of the developing countries.

Photo WHO/UN

other international organizations involved in manpower development globally, such as UNESCO, the UN Educational, Scientific and Cultural Organization.

Greater coordination and cooperation between these two organizations to achieve a better and more effective system for health manpower development will remain a challenge that has to be met. If WHO and UNESCO can accept such a challenge and attempt to develop better models for health care delivery systems and health manpower development, the benefits for developing countries can be of immense value. ■