



Editorial

Global Health Workforce Strategies: A new WHO attempt at improving HRD

Health Manpower (HM), Human Resources for Health (HRH) and Health Workforces (HW) are terms used interchangeably by international health experts. During its early days of interest in this field, the World Health Organization (WHO) used the terms Health Manpower and Health Manpower Development (HMD). Later on as gender sensitivity and the new concept of health resources management emerged, the terms Human Resources for Health (HRH) and Human Resources for Health Development (HRD) were adopted.

In spite of changing terms, the interest among health system researchers and policy analysts and policy makers on this issue did not increase, however. The new term, health workforce is now used. This term may not be new for the ILO and the private sector.

A project to develop Global Health Workforce Strategies was initiated by the Department of Organization of Health Services Delivery of the World Health Organization. A small group of international experts experienced in this field was established. A set of topics ranging from planning the workforces to political and policy context were developed. Papers on each topic were prepared through contracting external experts. A three day meeting in Annecy, France, is planned during 9 - 12 December 2000. The aim is to discuss the 10 papers and brainstorm on further strategic movement. This new movement of the WHO is expected to create more interest among policy makers.

If we look carefully at the terms and concepts used in the past and present movements, we will be able to see clearly that they were based on the same old paradigms i.e., of materialistically looking at health personnel as a kind of object. It was thus visualized as a type of resource, or human capital, that needed investment and management. It was thus believed that several management incentives, particularly financial, could solve.

This old paradigm, although not totally wrong, may be incomplete. A more humanistic paradigm should be added. Health personnel should also be considered as “human beings”. Human beings who can be trained, motivated and put to work through social and spiritual incentives. Under this paradigms, social recognition and motivation through happiness of serving people should replace or be added to the financial or material incentives.

In Buddhism there are two words that explain the drive for man to do something. One is “Lopa” or “Greed” which represents the materialistic drive (financial, authority) pushing man to act. This is quite consistent with the old paradigm of human workforce, health manpower, human resources, and human capital. The other term is “Chan-ta” or “Happiness at work” which represents the spiritual drive.

We do hope that the new initiative of Global Health Workforce Strategies movement by WHO will focus on both “Lopa” and “Chan-ta”. If so we can then expect a more innovative, spiritual approach to health development.

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