

A cosmopolitan outlook on health workforce development

Citation for published version (APA):

van de Pas, R. A. M. (2020). *A cosmopolitan outlook on health workforce development*. Global Academic Press. <https://doi.org/10.26481/dis.20200914rp>

Document status and date:

Published: 01/01/2020

DOI:

[10.26481/dis.20200914rp](https://doi.org/10.26481/dis.20200914rp)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

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ANNEX 1:

Valorization Addendum



1 THE SOCIAL AND ECONOMIC RELEVANCE OF THE RESEARCH

The social and economic relevance of the research and studies embedded in the chapters of this thesis is considerable. The challenge of Health Workforce (HWF) development has been a core consideration for national governments and multilateral agencies alike. Despite the advance of global public health and medical interventions, several bottlenecks hinder the development and functioning of strong and equitable health systems. The absence of a strong HWF being one of them. The state and complexity of HWF development and mobility across sectors, institutions, professional cadres, and nations is a recurrent theme in the teaching of global health and public health students. They identify it as a priority concern for governments and non-governmental health actors alike. This thesis has indicated the gap between this social demand for, and public health needs of, having a strong HWF in place while at the same time, economic policy choices and financial investment are constrained in many settings.

The thesis incorporates publicly identified and publicly financed research assignments that look into the governance, policy, and political constellations of HWF actions as well as broader global health developments. The HWF study in Guinea in chapter 3 has been financed as part of a bilateral scientific development cooperation and capacity-building program between the Belgian and Guinean governments. The comparative tracing study on HWF policy actions was funded by, and conducted in close collaboration with the World Health Organization's (WHO's) HWF department and was aligned with the WHO's 12th General Programme of Work, 2014–2019. The first of the two studies in chapter 4 was initiated and financed through development cooperation funding by the Dutch government as well as the European Union (EU) while I was still working at the civil society organization Wemos, and the second when I was specifically working with the EU on a project to advance HWF development in an equitable manner (HealthWorkers4All, 2013–2016). Both studies were published in academic journals on invitation by the WHO itself (on the Global Code of Practice) or by scholars who were analyzing the WHO governance reform processes and its debates (on democratizing the WHO) at length. The study in chapter 5 on the securitization of health and Attacks Against Health Care Workers in Conflict (AHCC) engages with an international debate and attention to AHCC that has increased after the eruption of the Syrian conflict and in relation to violence against health care workers during the Ebola outbreaks in 2014–2015 and 2018–2020. This study specifically aims to provide insight into why attacks against health care workers have increased rather than arguing that they should stop under humanitarian law. This study was not commissioned or funded by third parties. The study in chapter 6 was funded under, and was the final research output of, a Horizon 2020 research grant by the European Commission for the research program 'Goals and Governance for

Health' (Go4Health, 2013–2016). This program followed the EU's strategic objective to provide scientific guidance to develop the Sustainable Development Goals (SDGs) and to help shape the EU's policy priorities engaging with the Sustainable Development Agenda. Finally, the relevance of the discussion chapter (chapter 7) and its analysis on the research questions, by including a political-economy framework (the globalization paradox and its trilemma) provides an elaborated perspective on the possibilities and limitations of Global Health Governance (GHG) and advancing HWF goals within the current Sustainable Development Agenda. It argues for transformative pathways beyond and outside current international collaboration regarding health systems and its workforce by explicitly embarking on an alternative circular economy and respecting the planetary boundaries approach. It eventually considers economic Degrowth options and thinking through what this implies for health systems development.

2 TARGET GROUPS OUTSIDE ACADEMIC CIRCLES

This study has engaged with, and in several ways targeted groups outside the academic circles. I have discussed several policy and governance components on numerous occasions and platforms with, amongst others, policymakers from multilateral organizations such as the WHO, World Bank, UN Children's Fund (UNICEF), Global Health Workforce Alliance (GHWA), Global Fund (GF), etc. I have engaged with program officers and Human Resources for Health (HRH)-policymakers from several countries as part of the tracing study and debates on workforce migration. Given the specific focus on Guinea, our research team has been engaging with policymakers, school directors, HWF managers, and professionals at national and local levels. The several articles in the chapters were also being discussed via ongoing engagements with civil society networks and non-governmental organizations (NGOs), both in Europe and in Low- and Middle-Income Countries (LMICs). This includes NGO development networks like Medicus Mundi International – Network health for All!, Médecins Sans Frontières (MSF), African Medical and Research Foundation (AMREF), OXFAM, and Intrahealth International as well as civil society activists groups like the People's Health Movement. There has been active collaboration with international labor unions such as Public Services International on the HWF migration challenge. The AHCC paper addresses humanitarian health care workers, asking them to reflect on their role in times of conflict. I have participated in several non-scientific panels discussing HWF development with representatives from professional associations such as the International Council of Nurses, the World Medical Association, and the International Federation of Medical Students' Associations. The WHO governance reform and global health priorities for the SDGs have been discussed with representatives from national diplomatic missions to the United Nations (UN),

the European Commission as well as policymakers from ministries of development cooperation, foreign affairs, and finance from several, mainly European, countries. Health workforce governance requires complex, inter-sectoral approaches, involving a range of actors. I have engaged extensively with the actors mentioned above during the time of research and writing.

3 ACTIVITIES AND PROCESSES

The study and its several components have been analyzed and discussed as part of international policy debates on HWF governance, migration and global health reforms. The WHO's Code of Practice on the International Recruitment of Health Personnel was adopted by the World Health Assembly in 2010. I was already involved, as a civil society actor, in the original policy shaping and dialogue that led to the global Code. Since then there have been policy debates about its implementation, including formal reviews on the relevance and effectiveness of the code every 5 years. The paper in chapter 4 on implementation of the code in the European and African region was used as evidence for the WHO's first round of review in 2015. Our study on Global Skills Partnerships and health workforce migration, referred to in the discussion, has been used as evidence in the ongoing second review of the Code in 2020.

The policy tracing study on HRH commitments made by 57 government and other actors at the 3rd global forum on HRH in Recife, Brazil has been part of the accountability mechanisms that were established under the GHWA during the first forum in 2008. The study traced HRH actions made during the period between the 3rd and 4th Global Forum. It was presented at the 4th Global Symposium on Health Systems Research, Vancouver in 2016 as well as the 4th Global Forum on HRH, Ireland in 2017. The latter entailed a panel discussion with government as well as NGO representatives about possibilities and challenges moving HRH actions and investments forward. During this 4th Global Forum, specific attention was given to the countries in West-Africa, including Guinea, and the international cooperation required for building resilient health systems and investing in its HWF after the Ebola outbreak in 2014–2015.

The paper on the WHO governance contributes to a longer debate on reform and financing of the WHO, with the need for the WHO to become more autonomous, inclusive, and effective. The debate on the governance of the WHO in relation to other actors, including how to avoid conflicts of interests, has been taking place since 2010. It has been discussed during and around the World Health Assembly (WHA), both formally and in side-events, as well as in several global health fora. Financing and governing the WHO as the key normative actor in global health remains very relevant

but, as this thesis indicates, is under considerable pressure given the fragility of multilateralism and forces of financialization, hyper-globalization, and countries choosing national interests and sovereignty over global public goods.

In 2015, I presented the GHG and SDG draft study at a panel during the annual European Health Forum, Austria as well as during the European Global Health Policy Platform. Both are places where policy, strategy, and science are discussed by multiple actors working on European Global Health issues. The final seminar of the Go4Health Horizon 2020 project, including discussion of its final outcomes, took place at the Prince Mahidol Award Conference, Thailand in 2016. This is likewise a leading annual global health forum for policymakers, practitioners, and scientists.

The securitization of health and AHCC paper was discussed in 2018 during a seminar hosted by the International Peace Institute in Geneva with the title: “Doctors in War Zones: International Policy and Healthcare During Armed Conflict”. In 2016 and 2017, I have participated in two policy dialogues hosted by the Graduate Institute Geneva and led by Prof. Kickbusch, on the topic of ‘overcoming the gridlock in GHG.’ In these dialogues, I have put forward some of the challenges of moving GHG forward in relation to health systems development. The paper on “moving the health workforce agenda beyond economic growth” was presented in 2018 at the 4th People’s Health Assembly, a main global health activist network in Bangladesh.

The debate on workforce governance and migration is further pursued under the International Platform on Health Workforce Mobility, co-governed by the WHO, the International Labour Organisation (ILO), and the Organisation for Economic Co-operation and Development (OECD). I participated in this platform representing the Medicus Mundi International network. In 2019, I was part of the team conducting a study on addressing health workforce mobility in the European region, funded by the Open Society Foundations. This initiative will be continued as a new civil-society-led platform addressing the inequities in health workforce mobility.

4 INNOVATION

Innovation in this study exists in the fact that it is a cross-disciplinary approach and boundary spanning as such. I have applied a political-economic framework (‘The globalization paradox’) as well as integrated reflections on the cosmopolitan outlook, which is a socio-philosophical perspective on the challenges in modern societies and how to overcome that in an era of reflective modernity. By doing so, I have added new conceptual perspectives on HWF development that traditionally follow public health and labor economics theory including scientific methods that

analyze health systems mainly within their national boundaries. The relevance and innovation of my study lie in the fact that it shows there are inherent contradictions and limitations in moving the global HWF agenda forward via economic cooperation (“inclusive economic growth”) in times of globalization. HWF development requires to be delinked from Gross Domestic Product (GDP)-growth and fiscal space considerations. The understanding and recommendation to develop, implement, and analyze health systems that respect planetary boundaries and follow circular economic pathways, and are hence a post-capitalist construct, is an innovative and potentially transformative approach to collaborate on global HWF development.

5 IMPLEMENTATION OF PLANS

This element is likely the most challenging outcome. It will not be easy to implement plans as a way to ‘improve’ current workforce policies or development. There are short-term options, low-hanging fruits that have been identified in several studies. These have much to do with improving representation and legitimacy, as well as recognizing shared priorities in financing and governance of health systems, within and beyond national borders. However, the transformation towards Degrowth and circular economies, including in the workforce domain will require ‘tipping points’, certain moments of crisis and opportunity that facilitate such new ways of collaboration. Perhaps the current COVID-19 pandemic might become such a ‘cosmopolitan’ moment. These political windows will likely open as the climate crisis and social disruption will deepen over the coming years. ‘Local’ networks of sharing, caring, and solidarity will morph into a new understanding of how to organize our health systems. Nevertheless, these ‘localized’ experiences that one sees now already emerging in several cities and countries in the world also require sustained global cooperation on public goods, progressive climate policies, and ensuring international social protection, including for health care. There is a slow trend towards promoting and embarking on ‘New Green Deals’ both within the EU, United States (US) and arguably also in China. It remains a question of how ‘inclusive’ and ‘transformative’ these policies and pathways actually will be, what this will imply for health employment, and to what extent Low-income Countries (LICs) will benefit from it. I hope that this thesis has contributed to advance thinking and will transition to a new health workforce, fit for the 21st century, standing up and being part of a global drive towards social equity and ecological stability.

