

Correspondence

Responding to the global human resources crisis.

Lancet 2004;**363**:1469-72. Narabsimhan V, Brown H, Pablos-Mendez A, et al.

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Sir,

We agree with the authors ¹ that in many countries in the south the international actors have quite some influence in agenda setting and policymaking regarding human resources for health (HRH). The PRSP-HIPC mechanism is a prime example of an interface between international actors and national decision makers with real clout. Unfortunately, HRH often do not even figure on its agenda. A review of the PRSP in 6 selected African countries carried out by DFID Health Systems Resource Centre indeed shows that in the best case the human resource crisis is merely acknowledged and that an in-depth analysis of the issue and how it relates to civil service conditions is conspicuously absent in most papers ².

Cynics may say that this simply confirms the worrying tendency among both national and international policymakers to skirt the very problems that will undermine any attempt to improve health and social services, leave alone poverty reduction efforts. But the extent of the human resource crisis in Africa in general and particularly in the countries with a high HIV/AIDS prevalence, forces us to act decisively. We believe that we need to reconsider approaches that used to be politically incorrect in other times. If not, the current staff deficits will continue to undermine the absorption capacity for all the money of the new international initiatives.

PRSPs should be grasped with both hands to tackle the roots of the crisis across sectors. A national HRH plan should be part and parcel of any PRSP as a condition for approval. On the other hand, the recruitment ceilings imposed under the Structural Adjustment Programmes represent a relic from the past that needs to be removed. International actors should no longer shun funding recurrent expenditure with the excuse that this would amount to unsustainable interventions. For example, international development agencies need to reconsider to start contributing to funding salaries and wages in the new recruitment drives. Also bilateral agencies need to critically review their policies. Sending out again expatriate medical personnel as a short-term measure or hire medical professionals from the brain drain diaspora are options.

In short, the context and the challenges besetting health systems in developing countries have changed dramatically and paradigm shifts are called for in order to come up with effective strategies.

References

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2. HSRC DFID. A review of the human resource content of PRSP and HIPC documentation in 6 selected African countries: DFID Health Systems Resource Centre, 2003.