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2008 Clinton Global Initiative Annual Meeting: Global Health Working Group: Expanding the Global Health Workforce - Part 2
Clinton Global Initiative
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MUBASHAR SHEIKH: Can I have your attention please. I'm sure you are discussing some very critical issues, but I think we are also running short of time, so— excuse me. We need to have your attention please. Thanks.

Before I go back to the panel, on some of the issues or the questions which have come from the house, let me welcome and introduce Dr. Lola Dare. She's the executive secretary of the African Council for Sustainable Health and Development. Welcome, Lola. [Applause]

I hope the last 30 minutes have been quite useful and productive and you managed to raise some other issues which we can address during the next few minutes. But we also got some feedback from the participants in the audience, here, and we'll try to look into some of the issues. Obviously we won't be able to address all the questions or all the queries which have come forward, but we'll try to address some of the key points which have been raised, and then I'm sure there will be further opportunities to discuss it after the session among the participants and the panelists.

Let me start with the minister again, specifically because I know he is committed to another session, he has to leave. Minister, I think one of the issues which we are facing is obviously the shortage of workers. But another important element is that how do we optimally utilize the workforce which

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is available out there, and then not only to utilize them but how to motivate them in terms of staying on the job? And that's why the retention issue, not only in terms of where they are working, not from north to south and south to north migration but within the public and private sector from the civil society and within the regions.

And I think retention is a critical issue which goes to the heart of addressing this shortage of health workers. So we'd like to hear from you. Is it a problem which you are facing in terms of worker shortage in Ethiopia? And then some of the steps you might have taken to address this.

TEDROS ADHANOM GHEBREYESUS: Yes, to address the problem, as I said earlier, we designed this flooding and retention strategy. Flooding to overproduce, and addressing of the supply and demand issue; and retention to keep those who train in the country.

And the retention strategy covers two areas, non-financial and financial. With regard to financial, we increased the salary of our doctors, for instance, about 70 percent, recently. It may not mean a lot compared to what it was before, but that's a significant increase considering our economy. And the other financial issues are some of the duty payments and so on which has increased significantly.

And from the non-financial incentives like training opportunities, further training and also other financial issues

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are considered. So we have a complete guideline to address retention.

But as I said earlier, the most important one is the supply part of it. We need to really overproduce or produce enough. That's how we can address the problem. Retention alone cannot address it. In the main should not be retention but it should be the supply side. Because Ethiopia can not compete really with developed countries, whatever we pay. It cannot be an incentive by any standard, compared to any nation who can pay better. So the centerpiece is the supply, the overproducing, and we believe we can address it that way. Thank you.

MUBASHAR SHEIKH: Aruna, we just heard the issue of production and then scaling up. But sometimes we get trapped in an argument where this discussion is confined to producing more doctors, or, to a certain degree, nurses. But we really don't look at the other alternative strategies, other approaches which have recently come up, or the role or the contribution they're playing in terms of delivery of services.

What is your opinion in terms of looking at some alternative approaches, and also the contribution by nontraditional cadre of health workers in terms of delivery of services?

ARUNA UPRETY: It's a very good question and it reminds me that when yesterday I was hearing Bill Gates' remarks, at

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the end of his remark he said that primary health care should be built very effectively in order to combat HIV, tuberculosis and malaria. And the issue of the health-care workers who are basically not doctors, or even not maybe nurses, but paramedics with a certain amount of training, and if they are there and they are the people who can be a very good force to combat a lot of problems of the rural health places, be it in Asia or be it in Africa.

And what we have done, we have tried to do that, to make sure that maternal-child health workers who are there in the village areas who may not have a very good education but they have education up to 8th grade or 10th grade, and they have been used as a forces in order to combat in order to reduce maternal and child death through various ways.

And one of the ways is to give them information, very simple, basic information, and to motivate them to go to various areas of their villages to give the information to the local women, local leaders, local teachers. And so that they could help themselves in various ways. So I think that was one of the ways where we can.

And these are the maternal-child health workers who don't need a lot of money to pay them, very simple, basic, like five or six or ten dollars which can be used by our government, because that is not a lot of pay to reduce maternal death. And in Nepal. that is one of the successful [inaudible] stories

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where the maternal-child health workers had been able to, with the help of them, we have been able to reduce our maternal death from 830 to 230 in 20 years.

And in between we didn't have a lot of doctors or hospitals where a lot of women would go, for delivery or Cesarean sections, but thanks to very simple information and very simple ideas and very simple technology used by those national health workers who had been able to reduce maternal death.

I think that is one of the ways, and I could go on and on on these issues, but these are the issues, and these are the ways with a very simple idea, simple technology, so many things can be done in rural health places and in primary health care.

MUBASHAR SHEIKH: Thanks, Aruna. Again, I'm emphasizing and reminding us again about the importance and the power of the community health workers and other midlevel workers, especially also not forgetting that the traditional technologies and approaches do work and they also deliver.

But we're talking of these technologies, and Craig. You've already mentioned that the computers are user-friendly, they are being more and more used to digital and IT technologies. But there are certain issues around this, about the real availability of this in terms of their outreach, in terms of the connectivity, in terms of other similar problems especially in Africa and other remote parts of the world where

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we are still facing [inaudible] to have some basic infrastructure in place.

So how do you think that— we know that they have a very important part to play. But these challenges are also there. And we know these are fundamental, if we want to introduce these technologies on the large scale.

So from your experience, what are the suggestions that can help us resolve this problem?

CRAIG BARRETT, PH.D.: Well, there is a parallel challenge that the world faces, and that's just basic education, where you'd like to use computers as a tool.

And I want to make very clear here that I'm talking always about using the computer and the internet as a tool, not as a solution but as a tool to get to the solution. In education the solution is a good teacher, and you give the teacher the capability of the tool and the classroom. So in the education sector, we are involved in training teachers how to effectively use the tool, health-care equivalent is training health professionals or para-professionals how to use the tool.

We as a company, in working with education ministers around the world have trained nearly 6 million teachers. We use a master teacher, pyramid concept, where you train a group of teachers, and then each one goes back to their locale and trains another group of teachers. So you get an exponential explosion on it.

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You can do this face to face, or increasingly you can do this online. But the issue is how to train people to effectively use the tool— and if we're really talking remote diagnostics, remote monitoring, that's in fact what you're doing. You have a tool, you want to train people to effectively use it. But you still need the medical training of someone in the system to make a judgment.

You're very clear that connectivity is important, especially in sub-Saharan Africa. In fact 256K connectivity in sub-Saharan Africa averages about $250 a month, which is more than the cost of the computer. So connectivity is a much— I see some people shaking your head no, but in fact if you take the average in sub-Saharan Africa, connectivity is 10 to 100 times more expensive than it is in Western Europe or the U.S. It's tremendously expensive and it really dwarfs the cost of the hardware.

So the good news is you're starting to get cell phone infrastructure built out. The latest broadband wireless technologies, YMAX, LTE technologies, are coming on. These are far-reaching broadband wireless technologies which I think can be put in place without putting expensive wiring in, and all the fiber and copper in place. But that infrastructure really has to be there to take advantage of these technologies.

The last point is that sometimes you can get around that. The commitment made this morning for the eye clinics in

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India in fact uses a modified Wi-Fi technology. This room is connected by Wi-Fi. There are directional Wi-Fi technologies which have a reach over 100 times conventional Wi-Fi. So that will get you something like 10,000 meters of reach.

That's an unlicensed, basically free transmission spectrum that you can do the same sort of technology with. But it's still somewhat limited in its reach to 10 kilometers or six or eight miles.

MUBASHAR SHEIKH: Thanks, Craig. Thanks. I think at this time we'd like Hillary to come in and to brief us on some of the key issues which have been presented during this session.

HILLARY CHEN: Hi, everyone. For those of you that I haven't met yet, my name is Hillary Chen, and I am the deputy chair for Global Health. So I work with Tom.

We have a big announcement that they're preparing for in the next session, so Tom can't be with us right now, but I did want to just take a minute to talk about some of the themes and gems that you all came up with in the interim period.

And I was back looking at them and it's striking, there are so many good ideas, and of course not all of them can get up here. But I do want you to know that one of the things we do as staff at CGI is we, all of these things that are being typed into the computer, we get those in really, really long documents. And we actually do read them afterwards. So even

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if you don't see it up here, we do look at this information as we think about shaping CGI's efforts in the future and connecting partners.

So, for the themes, you started with an emphasis on the need to focus on primary preventive health care in order to reduce the demand for curative care. And I think we heard that from some of our speakers earlier as well.

And also, the discussion around the working conditions. So, not just the number of workers but also the conditions under which they do their work, and the effect that that might have on retention and their interest in continuing.

Creating greater standardization of training packages and supporting continuous learning: I think this is very important in terms of making sure that folks are well-trained and comfortable with what they are doing.

And then finally the need to establish accreditation of medical training and other kinds of health worker training is also important.

Gems. So, we're putting a few folks on the spot, here, in our gems. You guys are very assertive. The first is for Intel to quarterback an alliance to establish and support a single international resource of training content and tools to be used by all developing countries. And actually I know there are discussions right now that are ongoing around some open-

source curriculum development and other efforts. So I think this is a good one.

And then second, the need for a Johnson and Johnson-like campaign to support public health workers, similar to what they've done for nursing.

Looking in the private sector clinics and how they train and retain health workers, and then also reforming the way that education of doctors and nurses and other health-care workers is financed, and thinking in a sophisticated way about what kinds of incentives that creates for the people involved.

So we have very little time left, unfortunately, as you guys know with all of the events this morning, we're sort of a little short on time, but what I'd like to do is just turn it back over to Dr. Sheikh and maybe we can just do a final, if people have very quick responses, then we'll do that for a couple of minutes, and then after that we'll do a few commitment certificate presentations. Thank you.

MUBASHAR SHEIKH: Thanks, Hillary. And thanks for the facilitators, and to you, for doing a wonderful job. I think very quickly, maybe you're looking ahead and you might be wondering why I'm here, you know. So let's start from you really.

And so maybe you like to see— and some of these issues have come forward and I think there are cutting themes and some

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of the specific ideas as well. Would you like to pick any one of those and comment?

ARUNA UPRETY: Thank you. Many of these things are very relevant to how not only expand the health workforce but to retain them. But what particularly catches my attention is the need to improve the conditions for health workers.

The improvement of conditions for health workers go beyond their salaries. It includes the environment within which they work. And my experience in Africa also shows that if you pay salaries and people don't have anything to work with, you are not going to retain them.

I'm an example of that. I left a pediatric clinic because I often knew what to do, but had nothing to work with. And that's why I left.

So it's important to give them things to work with and to improve their working conditions. Linked to that is a need to improve the management capacity within the health sector that sustains and retains them.

MUBASHAR SHEIKH: Thanks, Aruna. And Craig, are you ready to create that alliance?

CRAIG BARRETT, PH.D.: I think it said quarterback. Whatever. I think there's potential of a great parallel effort here from the education sector into the health-care sector.

I would point out to the U.S. citizens in the audience, there's an interesting dichotomy here that if you get Medicare

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or government-financed health care, the U.S. government doesn't even reimburse for a telephone call, let alone remote diagnostics or e-mail in the United States. So we have a long way to go in this country to get to the point that we're talking about for emerging economies, where telemedicine is absolutely going to be a requirement.

It's a requirement here for an entirely different reason. You have to get the cost out of the system, here, and get quality in. This is how you're going to do it.

But I think we'd be certainly willing to engage with other participants to see how we could create a parallel effort from the worldwide teacher training program that already exists.

MUBASHAR SHEIKH: Great. So this is the second commitment from you today. [Laughter]

CRAIG BARRETT, PH.D.: I committed to have a discussion. [Laughter]

MUBASHAR SHEIKH: Good. So how do you feel about that commitment, Aruna? Do you think it will help you?

ARUNA UPRETY: Yes. And again, I am obsessed with primary health care, I think. And then I can come to the point that where the primary health-care workers meet a middle level who can use the new technology but at the same time with the idea that local resources are also there to use.

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And I really emphasize medicine and all the new technologies, but I don't forget the knowledge that has been generated from generation to generation from our grandmothers, grandfathers, great-grandfathers is still alive there and still can be used a lot in primary health-care settings. And it would be very wonderful to see the local old knowledge marrying the new computer. Get to it! [Laughter]

MUBASHAR SHEIKH: Wonderful. Great. I think we've reached the point, I think I don't need to say anything further. I think it has been a very productive session, we have good discussion, good points raised.

But I think we still have a little job to do. I thank the panelists for a wonderful, wonderful discussion contribution and some commitments, as well. [Applause] And also to all of you for producing some of these ideas and talks.

But I think that before I request the panel and thank them and ask them to go down, I would invite to the stage Donna Shalala. She's a professor of political science and president at Rensselaer Polytechnic Institute. She has become professor of political science and president of— no. Wrong what?

HILLARY CHEN: I'm going to steal this. We must have given them the wrong talking points. I'm so sorry. [Laughter] We've put you on the spot. Not his fault.

So I'm just going to jump in, here, and invite Donna Shalala to the stage, who's the president of the University of

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Miami [Applause], and has been absolutely fantastic and gracious with us. So thank you, Donna.

DONNA SHALALA: The president of Rensselaer is a physicist, not me. Let me invite Gary Cohen to the stage, the executive vice president of Becton, Dickinson and Company. And Dikembe Mutombo, chairman and president of his foundation. I know who you are! [Laughter] Made my day.

The center of excellence at the Biambe Marie Motumbo Hospital, named for your mother, is $1.5 million over three years. They're joining forces to develop a center of excellence in occupational health and immune system monitoring, which will focus on health-care delivery, research, education and training in the Democratic Republic of the Congo.

The commitment will provide in-kind safety, medical devices such as syringes and blood-collection devices, along with training on best clinical practices. Also a surveillance system for tracking occupational safety will be rolled out in the hospital in collaboration with the University of Virginia.

Further, B.D. will develop a capacity in the areas of immune system monitoring for CD4 count by in-kind donation and training in good lab practices.

Very few people focus on occupational health. This is a wonderful commitment. So many of the accidents as well as the diseases are preventable. This is an extraordinary commitment. Over the course of three years, the commitment

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will have a direct impact on the lives of 26,000 people. Congratulations. [Applause] A larger than life commitment. [Laughter]

Another one. A commitment by Living Goods, Charles Slaughter, president of Living Goods. The commitment name is Living Goods Avon-like sustainable rural health system, which will enhance access to low-cost, high-quality health products for poor families by extending the Living Goods current network in Uganda to over 650 communities in 20 districts over the next two years. The value is $2.5 million over two years.

As scale, Living Goods intends to pay for itself, creating a truly sustainable system for defeating the diseases of poverty. Living Goods' diverse mix of both health and consumer goods enables communities and workers to increase their financial sustainability and provides a means of cross-subsidizing critical health items.

Living Goods networks, which currently reaches 185 communities in Uganda, will expand its impact in 650 communities, improving the lives of 750,000 people and reducing mortality for 145,000 children under five by 20 to 30 percent. Please congratulate Living Goods. [Applause]

I'd like to recognize Bruce Charish from Doc to Dock, who's made a commitment to initiate a pilot program that will create the infrastructure to facilitate North American health-

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care workers to engage in voluntary service in African hospitals.

The first-year pilot goal is to fund 30 health-care workers to spend six weeks in three countries: Ethiopia, Ghana and Liberia. And each health-care worker can be expected to treat at least 150 patients a week. I wish I could get my docs to treat 150 patients a week! [Laughter]

At least 20,000 lives will be positively affected by this pilot commitment, and it's expected to have an immeasurable impact on both North American health-care workers and the training of local staff. Where is Bruce? Is he here? There he is. Thank you. [Applause]

I'd also like to recognize Dr. Lola— is it Dare? From ACOSHED, the African Council for Sustainable Health Development, otherwise known, who has made a commitment to harness the resources of business to provide better health care in Africa.

This commitment will deploy business models that will strengthen managerial competencies, improve performance of service delivery systems at the district level and selected African countries and build the management capacity of a total of 125 public-sector policy makers and implementers in the public health-care sector and employ them to work more effectively in cross-sector coalitions.

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These trained officers have the potential to positively impact the quality of services delivered to at least 1.5 million people per district in the country. Stand up again, Lola. [Applause]

And finally I'd like to invite Dolores Jordan from the James R. Jordan foundation to come forward. Dolores Jordan is the mother of Michael Jordan and the founder of the James R. Jordan foundation. She's the coauthor of *Salt in His Shoes*, *Did I Tell You I Love You Today*, and *Family First, Winning the Parenting Game*, which is a book that I have actually read. Yes. The seven principles of parenting. I recommend it to everyone.

She works to create programs for at-risk youth to excel in their educational endeavors and encourages parents to become more involved in the lives of their family. Under her leadership, the Foundation has instituted a public-private partnership to establish a new women and children's hospital in Nairobi, Kenya, and has designed the A Team literacy scholarship program to provide funding for dedicated students in the United States to attend college. We're delighted to have you here. Give us a report.

DOLORES JORDAN: Thank you so much. I know we're running for time, now, but I just wanted to share, in going into Nairobi, I want to talk about Nairobi, Kenya. As you well know, in Kenya we have had challenges over the last, what,

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maybe six months. But going in, I made a decision to go in and make a difference.

It's a 45-bed hospital that I really want to expand, to address some of the issues for women and children, and we've been able to do that with the strong support there. But at this time, what we are really doing, and what I tried was to go in and get government, the President involved, from the President down to the City Council, who has really embraced the project.

Right now we are in the process of providing the new facilities. They have provided properties for us, so right now again I have three things going. Again, it was getting the government involved, as well as talking about preventive.

But not only talking about preventive. There's also research, and bringing in strong health-care providers and educators. And we are partnered with a lot of U.S. universities, as well as medical facilities who have been a strong support. Cannot say enough for Johnson and Johnson, General Motors, Coca Cola and Citibank. They have really wrapped their arms around me, as well as the U.S. government.

So again we are just pushing forward and trying to make a difference by talking about preventive. Thank you.

[Applause]

HILLARY CHEN: Um, lunch? Almost. Thank you.

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Okay, so thank you everyone for the reports on your commitments, it's always really exciting to hear what people are doing. So I think it's about 12:20 or 12:25. It sounds like we are— the other sessions are also wrapping up around the same time, so there will be a plenary session coming up. And they haven't told us exactly how much they're going to change the time of it all, but I would go ahead and probably move in that direction. I think it will start shortly. And they'll flash the start time on the screen. So thank you so much, and we appreciate your participation.

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