Addressing Noncommunicable Diseases -

It Takes a Workforce!

19 September 2011,
13.15-14.30
Conference room C - North Lawn Building,
United Nations, New York

Summary of Discussions at the Side Event at the
First Global Forum on Noncommunicable Diseases, September 2011
Noncommunicable diseases (NCDs) are the number one killer in the world with 63% of all deaths attributed to cardiovascular, cancers, respiratory diseases and diabetes. The NCD epidemic is increasing in the Africa, Southeast Asia and the Eastern Mediterranean regions at a faster rate than developed regions of the world, with 80% of NCD-related deaths occurring in the developing world.

While the theme of NCDs were the focus of the United Nations General Assembly High Level meeting in September 2011, a number of side events were additionally organized by member states and other groups to spotlight more specific related issues.

One such event - "Addressing NCDs – It takes a Workforce", was organized by the Global Health Workforce Alliance (the Alliance) in close collaboration with the Governments of Japan and India, the Health Workforce Advocacy Initiative (HWAI), and Touch Foundation.

At the event, panelists and keynote speakers concurred that to effectively address the challenges posed by NCDs, a prepared, motivated, supported and well functioning health workforce operating in a functional health system is fundamental.

The panel discussion was preceded by a keynote address by Dr Ebele Omeke Michael, a Medical Doctor from Uganda who offered the perspective and experience of operating on the ground.

Dr Mubashar Sheikh, Executive Director, GHWA, brought the session to a close, reiterating that health systems with critical health workforce shortages cannot effectively respond to the growing burden of NCDs.

**Program**

*Welcome*
Dr Mubashar Sheikh, Executive Director, Global Health Workforce Alliance

*Keynote Address*
Dr Ebele Omeke Micheal, Medical Officer, Uganda

*Opening Remarks*
Dr Masato Mugitani, Assistant Minister for Global Health – Ministry of Health, Labour & Welfare, Japan; Chair, Global Health Workforce Alliance

*Moderated Panel Discussion*
Dr Gustavo Gonzalez-Canali, Head – Health and Human Development Department, Ministry of Foreign and European Affairs, France
Dr Scott Ratzan, Vice President, Global Health, Government Affairs & Policy, Johnson & Johnson
Mr. Ben Phillips, Campaign Mobilisation Director, Save the Children, United Kingdom
Shri. Keshav Desiraju, Additional Secretary, Ministry of Health & Family Welfare, Government of India
Prof Srinath Reddy, President, Public Health Foundation of India (Moderator)

*Concluding Remarks*
Dr Mubashar Sheikh, Executive Director, Global Health Workforce Alliance
Welcome Remarks

Dr Mubashar Sheikh, Executive Director, Global Health Workforce Alliance (The Alliance) opened the meeting with an introduction to the panelists, drawn from both the public and private sectors and expressed thanks to the attendees as well as to the Government of Japan, Government of India, Health Workforce Advocacy Initiative and Touch Foundation for supporting and organizing this event.

Keynote Address

Dr Michael Ebele Omeke, a medical officer working on the frontline of healthcare in Uganda, shared with the audience the impact of insufficient healthcare workers. Doctors including himself, nurses and other healthcare workers in his home country could treat as many as hundred plus patients per day. He pointed out that staffing levels in most public health facilities are generally less than fifty percent of the expected numbers. Dr Omeke reflected that health workers are responsible for the detection and treatment of NCDs at the clinic and hospital level, and sought to send out a global message of hope and encouragement to the health workforce expressing that they are an important part in the prevention and care of patients with NCDs.

Opening Remarks

Dr Masato Mugitani, Chair for the Global Health Workforce Alliance, remarked that NCDs are a public health priority due to its global burden and emphasized the need for an adequate number of qualified and supported health workers to deal with the growing burden, while highlighting the commitment of the Japanese Government to train more healthcare workers. He also called for the mobilization of resources from countries, civil societies, and private sectors to address the NCD challenge.

Summary of Panel Discussion

Prof Srinath Reddy, President, Public Health Foundation of India, spoke about the need for a “convergent approach” among governments, public and private sectors as well as civil society to strengthen the health system to address the NCD challenge.

Dr Gustavo Gonzalez-Canali, Head – Health and Human Development Department, Ministry of Foreign and European Affairs, France, spoke of the need of task-shifting and task-sharing. Given that it takes 10+ years to train a good doctor and 2-3+ years to train other cadres of healthcare workers, Dr Gonzalez-Canali announced that there is a need to explore new ways of financing healthcare worker training such as increased public-private engagement.

Dr Scott Ratzan, Vice President, Global Health, Government Affairs & Policy, Johnson & Johnson, highlighted the need to build healthcare capacity. Johnson & Johnson is committed to building upon the World Health Organization’s value of “a strong human infrastructure”, which is fundamental to closing the gap between health promise and health reality, and anticipating the health challenges of the 21st century.
Mr. Ben Phillips, Campaign Mobilisation Director, Save the Children, United Kingdom, highlighted the role of civil society to mobilize public and political will towards the healthcare worker shortage, which has some of the poorest countries facing the challenges of NCDs. He went on to praise the work of healthcare workers, identifying them as “life savers” and heroes, moreover observing that the lack of them is fatal for patients in need.

Shri. Keshav Desiraju, Additional Secretary, Ministry of Health & Family Welfare, Government of India, provided a fresh perspective into the discussion. He highlighted that not only is the location of healthcare workers important, but also that the mere existence of a whole other range of healthcare workers that enable a doctor to treat patients effectively, is equally critical. He cited that there is an inadequate presence of healthcare workers serving within rural areas, rather preferring basis within urban areas, which serves as another facet to the healthcare worker crisis. There is also a need to build up a cadre of other health workers such as those trained in psychology and psychiatry, who can enable doctors to treat patients more effectively.

**Insights and Solutions**

It takes a healthcare workforce – one that is prepared, motivated, supported and operating in a functional health system - to address the NCD pandemic.

State and non-state actors, public and private sectors, must work in a synergistic way to support health care workers.

As the burden of NCDs is growing in the developing world, the health workforce must keep up with the pace of change. Policy makers need to stay committed to ensure that we have the right healthcare workforce with the right competencies, the right support mechanisms, and the right tools. This is to ensure that we can treat patients with sustainable and quality chronic care.

**Discusssions**

Time devoted to discussions emphasized the importance of retention and deployment of healthcare workers as critical factors, the need for health workers to have specific skills, for example in optometry and ophthalmology; while at the same time the need for task shifting and task sharing; the specific role of the private sector in building health workforce capacity, and the need for innovative financing to cover the costs to train more healthcare workers.
“We need to have an inclusive approach. We can’t have one sector versus the other: the government versus non-government; the private sector versus the non-private sector. Both state and non-state leaders need to come together to avoid what we call the “verticalization of NCDs.”” *Dr Mubashar Sheikh, Global Health Workforce Alliance.*

“We have to pause and think about the people that will detect, manage, and probably assist the communities to prevent these Noncommunicable diseases because we can achieve nothing without the health worker.” *Dr Michael Ebele Omeke, Uganda*

“It is essential to ensure innovative and sustainable health systems including [the] health workforce -- these reaffirmed commitments cannot be achieved only by [the] Global Health Workforce Alliance nor the government of Japan. It is essential to mobilize [the] available resources from every stakeholder in global health including donors, partner countries, civil society and the private sector.” *Dr Masato Mugitani, Ministry of Health, Labour & Welfare, Japan*

“We need to have health workers able to integrate beyond a simple one-skill approach. We need to work on the training of health workers to create a multi-skill capacity and to increase the services they are able to provide.” *Dr Gustavo Gonzalez-Canali, Ministry of Foreign and European Affairs, France*
“The fact that we have the government, the private sector, and the civil society not sitting across the table, but around the table, is a symbol of hope.... they have the health workers, and the Global Health Workforce Alliance, and the pivotal link in between, so we hope they'll be able to carry this coalition forward into strengthening the health systems...” Prof Srinath Reddy, Public Health Foundation of India, India

“There are four areas that we feel we can help make the biggest difference and contribute in a synergistic and catalytic approach. First, supporting education programs that address the global healthcare workers shortage; secondly, supporting leadership and management programs focused on healthcare system efficiency and effectiveness; thirdly, supporting skilled-based training programs for health care workers; and finally, supporting health education and development and opportunities for community members including social workers, teachers, parents, and caregivers.” Dr Scott Ratzan, Johnson & Johnson, USA

“It’s not that we don’t have the numbers of trained health workers, we don’t have them trained in the areas we want them trained in and we don’t have them in the places we want. One big message, which has come out of the NCD summit, is that prevention of Noncommunicable Disease is best done at the primary level. Treatment may be at the second and tertiary level, but prevention is a primary level activity.” Dr Keshav Desiraju, Ministry of Health & Family Welfare, India

“At the Touch Foundation, we are scaling up the training of healthcare workers in Tanzania. We are working with the Tanzanian government and have a public-private partnership with USAID. We are supporting the training of 1,100 healthcare students across 12 cadres, including 590 physicians.” Lee Wells, Touch Foundation