HEALTH MANPOWER OUT OF BALANCE

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The imbalance in the health work-force, which forms the theme of this issue of World Health, is perhaps the price we have to pay for social change and for our attempts to find ways of ensuring that every human being enjoys the right to health care. The onset of this problem has been insidious, and many countries—whether developed or developing—only became aware of it when it had already assumed major and threatening proportions.

The medicine that was practiced on the 19th century liberal model as a personal undertaking has acquired such complexity in our own century that it has had to give place to group forms of practice, whether state-run or private. A profession that is supposed to be self-regulating according to the law of supply and demand has, with the advent of new ways of organizing the delivery of services and with the promises of the Welfare State that has been the ruling model since the Second World War, careered out of control. As a result it has created disparities between the health manpower that countries need, the manpower that they can employ, and the manpower that is actually trained.

The notion of self-determination, transposed to the professional sphere, has engendered the expectation that every member of society would be free to choose his or her life work. In practice, this is possible only for a few, with the consequent risk of frustration for the rest. Because of a reluctance to trample on these aspirations or because they have let matters take their own arbitrary course, many countries have finished up with imbalances, surpluses and shortfalls in the supply of health manpower. And the cost has been heavy.

Mexico itself is making substantial progress in consolidating a national health system serving the whole population on primary health care principles. But we face the task of re-shaping our manpower to needs if the system is to become a reality. Already in the early 1970s voices were being raised, including my own, to point out that too many physicians were being trained. So my country can afford no further delay in establishing policies as regards numbers, professional functions, posts required, and the training or retraining of health personnel.

Society must realise the nature of the problem and the political leadership in each country must analyse it in depth and have available a range of alternative means for achieving not merely workable but effective solutions.

As I have said, the imbalance in health manpower took several decades to evolve. In the language of futurology, it has “heavy inertia,” since it tends to persist over a period of time and is highly resistant to change. So immediate action is called for but the results will only begin to be felt in the medium term. Governments must recognise that, even if there are no short-term political gains, this is a top-priority task which cannot be postponed.

The main difficulty to be overcome at the political level will be the lack of coordination between different social sectors and between health and educational institutions. In Mexico we have taken a big step forward by setting up an Inter-institutional Health Manpower Training Committee, chaired by both the Secretaries of Health and of Education. This provides operational machinery for tackling short-term problems but also allows for coordinated action over the long term.

At the international level, cooperation between countries, especially through the international agencies, is very important.

An additional technical problem is training professional staff capable of taking a long-term view despite the pressure of immediate and urgent duties. What are needed now are long-term scenarios, planned for 20 years or more, that will be needed to frame or fine-tune national programmes governing the quality and quantity of health manpower. And we need to draw up guidelines for action by national bodies and by governmental and non-governmental international organizations. The outcome of our planning today will have an impact on present and future generations for several decades to come.
...all too few doctors are ready to bring health care to small remote communities.