

ILLUMINATING NEW PATHWAYS TO ADDRESS GLOBAL WORKFORCE CHALLENGES

Nestled in the heart of Trento, Italy, against the scenic and peaceful backdrop of the Dolomite Mountains, lies a former chapel at the entrance to research institute Foundation Bruno Kessler. Earlier this year, it served as the venue for a symposium developed in collaboration with Georgetown University Law Center’s O’Neill Institute and the foundation’s Center for Religious Sciences. Titled “Global Faith-Based Healthcare Systems,” the symposium convened delegates from several countries to explore the influential role of faith-based institutions in shaping future health care paradigms worldwide.



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While the symposium covered many topics, a pivotal moment for me occurred when the spotlight turned to CHA’s recent “Future of Health Workforce Discussion Paper” and my subsequent interactions with one of the delegates.

As the audience absorbed the implications of CHA’s seminal document, the ensuing dialogue provided a lesson

that reverberated throughout our deliberations and continues to resonate with me today. The discourse evolved beyond a focus on individual relationships to one on true partnerships, which we agreed requires a fundamental shift in mindset among global partners — one that prioritizes mutual respect, reciprocity and shared decision-making. True partnership requires an unwavering commitment to centering the voices and priorities of local communities, positioning them as equal partners in the pursuit of health equity.

A NEW CHAPTER SOWN THROUGH PARTNERSHIP

Among the participants of the symposium was Fr. Mathew Abraham, CSsR, MD, director general of the Catholic Health Association of India (CHAI), who remained almost at the periphery of the conversation. As we concluded for the day, his skepticism for success was palpable. He later confirmed my suspicions as he reflected on the

realities he has faced over the past eight years as director general of CHAI and in his previous health positions, including with the Catholic Bishops’ Conference of India as health secretary for seven years.

As we reconvened for our second day, I was tasked with distilling our previous day’s deliberations into a coherent narrative of lessons learned. Reflecting on our discussions, I emphasized how each topic had highlighted the importance of fostering ethical, equitable and effective partnerships for global health.

The ensuing conversation was lively, and there was renewed energy stimulated by the exchange of ideas and experiences. Fr. Abraham began to engage in the conversation, remarking, “Bruce, I really like your three Es.” While I had unintentionally alliterated the three Es, I asked him to clarify. His response: “You just mentioned the need for ethical, equitable and effective partnerships.” As the conversation continued, we delved into the deeper meaning of equity and ethics in the context of effective global health collaborations.

During a poignant moment at the next break, Fr. Abraham confided in me with honesty and vulnerability that prior to our discussions and based on his experience, he didn’t realize it was possible to have equitable and ethical global health partnerships. While he seemed energized by the possibilities, the weight of his experience hung heavy for me, underscoring the magnitude

REFLECTION ON GLOBAL HEALTH WORKFORCE CHALLENGES

Fr. Mathew Abraham, CSsR, MD, director general of the Catholic Health Association of India (CHAI), shares his thoughts around CHA's recent "Future of Health Workforce Discussion Paper" and offers his suggestions on global collaboration to address workforce challenges.

What did the paper reinforce from your experience and/or what did you learn from it about the significance and interconnectedness of the current global health care workforce shortage?

I agree with the insights in this paper. International recruitment of health care professionals, especially nurses, is affecting the quality of health care in India in a significant way. Intermediaries are also exploiting this opportunity by making money from both international hospitals and health care professionals aspiring to migrate.

How can Catholic health care in the U.S. collaborate with global actors to create a fair and globalized health care workforce that promotes sustainable health care delivery?

We need to respect the rights of young health care professionals who are aspiring for better prospects by migrating to a high-income country. Most of them are not aware of the brain drain and social ethics behind this phenomenon. Therefore, we cannot prevent migration. However, we can try and balance the phenomenon by working on a win-win formula.

With India's population of 1.4 billion people, there is a huge pool of young people, especially women, who are looking for better livelihood opportunities within it. Given the great demand for a health care workforce within and outside the country, we could invest more in training these young people and developing a larger health care workforce.

If we need to build a healthy society, we need to look beyond the 'hospital-centered', cost-intensive health care model. We need to work on building a balance between primary, secondary and tertiary care.

CHAI is a good platform to pilot this out. We could collaborate with the nursing and medical schools managed by CHAI's network of member institutions to execute this plan of training and ethical recruitment. We could also use its network of 500-plus hospitals to get elective procedures done in a very cost-effective way, in comparison to high-income countries.

This opportunity could also be used to retain some of the country's health care workforce by giving them reasonable pay, better working conditions, respect for their work and future opportunities for working in a high-income country. We can collaborate with the 2,000-plus smaller health centers and social work centers of the CHAI network to promote primary care and community health — supported by telehealth — and by building a robust referral system.

Some young people who do not have the capacity and the resources to reach formal nursing schools could be trained as comprehensive caregivers for institutional and home care. This could become an immediate livelihood opportunity for them within the country. There could be provisions where these caregivers also get opportunity for career progress, including the opportunity to work in a high-income country.

Catholic health care networks globally should collaborate to promote compassionate, affordable, quality care and an ethical health care workforce in both high-income and low- and middle-income countries.

What elements in the report did you find most disturbing?

Global recruitment of health care professionals at the cost of health care deprivation in their mother countries.

of the challenges we face in navigating the complexities of global health cooperation.

As the symposium drew to a close, Fr. Abraham approached me with a request that carried with it

the promise of deeper collaboration and shared endeavors for the future. With earnestness and purpose, he extended an invitation to convene separately, expressing a desire to delve further

into the possibilities of future partnerships. His words resonated with a spirit of genuine curiosity and a commitment to transformative action, embodying the essence of the symposium's desire to shift paradigms.

As we met later that evening, we discussed the multiple possibilities. Rather than build the relationship, as I know is so important to collaboration, in my eagerness I jumped to potential collaborations: Would he co-author a paper? Could he serve on a committee? How might we connect him with our members?

Fr. Abraham expressed a desire to approach our potential collaborations with a deliberate and measured pace, emphasizing the importance of laying a solid foundation built on mutual trust and understanding. His reflections underscored many of the principles I often discuss regarding the foundation for global health partnerships, highlighting the need for patience and thoughtful planning. Yet here I was like a fool rushing in.

In that moment in Trento, the seeds of a new chapter were sown. It was marked by the boundless potential of partnership and the pursuit of a future where equitable, ethical and effective global health partnerships know no bounds — a future where, together, we empower bold change to elevate human flourishing.

As I journeyed homeward, the rhythmic tone of the train taking me from Trento to Rome provided a soothing backdrop for introspection and contemplation. In the tranquil ambiance of the Italian countryside, the echoes of the symposium's collective experience reverberated within me. It catalyzed a process of reframing, reimagining and envisioning the contours of future global health collaborations. With each passing mile, the outline of a framework began to take shape — a framework that I'm

currently referring to as the “Four Es Framework for Global Health Partnerships” (to introduce a fourth E for “energizing”).

PLANTING SEEDS OF DIALOGUE

My travels continued to lead me deeper into the intricacies of the Four Es Framework for Global Health Partnerships. I find myself revisiting the insights contained within CHA's Future of Health Workforce Discussion Paper in light of my conversations in Trento.

This document and those conversations illuminate the challenges and possibilities inherent in international health workforce recruitment and capacity-building, but also provide important insight toward discovering a path forward.

It has been a few months since that meeting and train ride. Fr. Abraham and I continue to communicate and plan at a deliberate and measured pace. He recently shared with me his thoughts about CHA's discussion paper (see sidebar on page 70).

From these perspectives, it became clear that the process of forging ethical, equitable and effective partnerships necessitates more than just virtual exchanges — it demands the richness and depth of in-person interaction. The symposium in Trento served as a resounding reminder of the power of face-to-face engagement to foster empathy, build trust and catalyze genuine collaboration amidst the gauntlet of global health collaborations.

The shared dialogue and shared experiences are where the seeds of possibility are sown, and if we let the Spirit guide us, it may just give rise to innovative solutions and enduring partnerships.

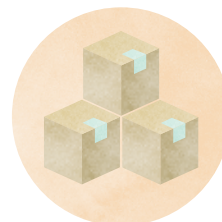
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