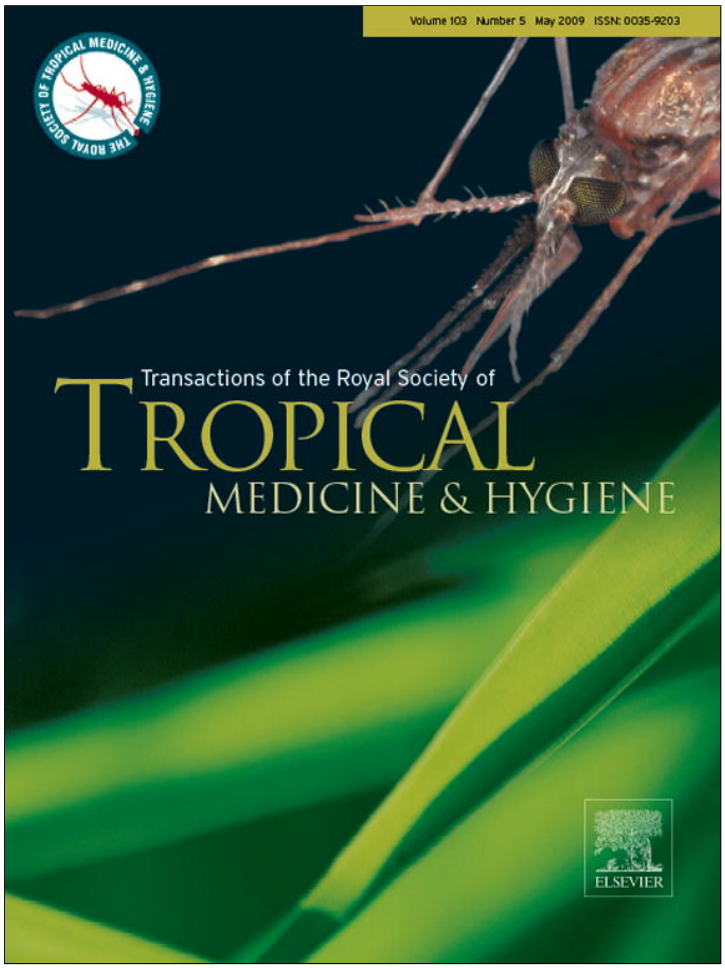

[a] *Division of International Health (IHCAR), Department of Public Health Sciences, Karolinska Institutet, Sweden*
[b] *Health Systems Research Unit, Medical Research Council of South Africa*

* Corresponding author.
E-mail address: elin.larsson@ki.se (E.C. Larsson)

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Reply to: What about health system strengthening and internal brain drain?

We thank Larsson and colleagues for their comments on the issue of internal brain drain and health system strengthening, both of which merit debate in the global health community. However, our article was primarily aimed at the problem of human resources in relation to HIV/AIDS.[1] Human resources, because they are the fundamental pillar upon which any health system stands, and HIV/AIDS, since it is the pandemic that demanded, and continues to demand, an exceptional response from the health system.

'The creation of relative islands of excellence within seas of insufficiency' is not deliberate and the problem is not the island, but the insufficiency that surrounds it.[2,3] It is the combination of political will, momentum and resources dedicated to the HIV/AIDS epidemic that, by creating success, has brought to light some of the key problems that have been facing health systems for decades. The issue of internal brain drain to non-governmental organizations (NGOs), research institutions or private providers is indeed a problem. However, when it becomes a major issue like van Rosenberg[4] points out in South Africa, it must be seen as a symptom of a much more fundamental problem — the unacceptably low salary levels and conditions of service in the public health sector. Blaming NGOs or others for paying higher salaries than the public sector is not really addressing the key issue when one considers that, for example, a nurse in the public health service in Malawi earns little more than US$2 per day. What is necessary is adequate remuneration by the public sector and, in this regard, there is currently a complete market failure for most government salaries. In Malawi, increasing salaries in the government sector actually prompted a reverse movement of staff from private religious networks (CHAM) to government facilities. In any case, putting staff currently working in NGOs or the private sector back into the public sector would hardly rectify the general insufficiency. In fact, it might further aggravate it by encouraging health workers to seek better conditions overseas. If one wants to put out a fire effectively, the best way to do it is to aim at the base.

That aside, who are we to dictate to individuals where they should go and where not? The WHO too recognizes that movement and self-determination are fundamental civil rights. In Europe, people try hard to get into the public services as they are attractive, have pension schemes, social security and career progression and there is pride in being called a government worker. NGOs and research institutions working in developing countries are, at best, able to offer a contract that is time-bound, with limited funding and career opportunities, as most projects and research studies come to an end within 3—5 years. There is, thus, no reason to believe that moving to the NGO sector offers a paradise for health workers, but rather, is a desperate attempt for personal survival.

It is also reasonable to consider the presence of NGOs and private providers as a preventive factor in the international brain drain; workers still remain in the country, albeit unequally dispersed. In addition, responsible NGOs (a) can work with government facilities to try and strengthen the whole health system response,[5] (b) can work with government in conducting nationally relevant operational research,[6] (c) have been a major factor in advocating for improving international health,[7,8] (d) possess the very powerful advocacy weapon that is often lacking in the public service and is needed to move politicians and policymakers and (e) should be in the AIDS fight, as with other diseases, for the long haul.[9] Some NGOs and private religious networks in several African countries offer significant coverage of public health services and assimilating them with research institutions, some of which hire nurses solely for blood sampling, does not seem right.

Struggling to address HIV/AIDS on a global scale has taught us some vital lessons, namely that disease control needs to be addressed both at the micro and macro levels, and that controlling the HIV/AIDS epidemic is a shared responsibility that requires the accountability of all parties. As Peter Piot, the former UNAIDS director, humbly pointed out in his keynote address to the International Monetary Fund in 2003: 'This epidemic is not about planting flags of success or placing blame on one another. No donor, NGO, academic institution or any stakeholder for that matter can claim success if they succeed at a project level while at the country level there is failure.' The NGO and private sectors too are increasingly aware of and are struggling with these issues.

In as much as WHO emphasizes global health system strengthening and integration of care, in reality, health systems are comprised of individual components that together create a system. In practice, a narrow focus is often necessary at the start to advance policy rapidly, since integrated approaches might simply be too complicated to produce a 'launch effect'. One wonders where we would be today in our global efforts to scale up antiretroviral treatment (ART) if we had lost our momentum by trying to address all the problem components of the health system before starting to deliver ART. As Samuel Johnson, the famous eighteenth century English writer once said: 'Nothing will ever be attempted if all possible objections must first be overcome.' When advocacy efforts first began to lower the price of ART in the developing world, many argued that this was too narrow a focus and emphasis should have been on health systems. History has proved to us that focusing on one goal, lowering ART prices, was vital to overcoming the cost barrier for developing countries and allowing ART programs to begin.[10] What little evidence exists to date suggests that ART scale-up has done more to strengthen health systems than otherwise.[11] Each component of the health system that is improved contributes to a better overall system and, when

there is impetus in this direction, it would be unwise to shy away from it on the grounds that it has limited benefit to overall health system strengthening.

If we are to start making real international strides towards health system strengthening then it is high time that we began seriously to focus attention and momentum on the core issue upon which all of this will depend, that is, the issue of paying decent wages and improving conditions of service for our less fortunate colleagues in resource-limited settings who, tragically, also have to cope with the highest burden of disease. Without this we can continue to debate all we want, but strengthening health systems will continue to remain a myth for many years to come.

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R. Zachariah[a,*]
N. Ford[b]
M. Philips[c]
B. Draguez[a]
A.D. Harries[d]

[a] *Médecins Sans Frontières, Medical Department (Operational Research), Brussels Operational Center, 68 Rue de Gasperich, L-1617 Brussels, Belgium*
[b] *Médecins Sans Frontières, South African Medical Unit (SAMU), Johannesburg, South Africa*
[c] *Analysis and Advocacy Unit, Médecins Sans Frontières, Brussels Operational Centre, Brussels, Belgium*
[d] *International Union against TB and Lung Disease, Paris, France and London School of Hygiene and Tropical Medicine, London, UK*

[*] Corresponding author. Tel.: +352 332515; fax: +352 335133.
E-mail address: zachariah@internet.lu (R. Zachariah)

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