

From the Editor-in-Chief

During 2014-2015 the World Health Organization (WHO) will unveil a global strategy to address the issues of Universal Health Coverage (UHC) and People-Centered Integrated Health Services (PCIHS) (WHO 2014). This strategy will describe the models of care and contextual issues that need to be taken into account as health systems in developing countries seek to provide equitable and accessible care. The papers in this issue raise some very interesting points and challenges relevant to both UHC and PCIHS and other global health agendas.

The paper by Nigatu Haregu et al. explore the potential benefits that various policies, incentives, programs and initiatives can provide in managing both communicable (HIV/AIDs) and Non-Communicable Diseases (NCD). The NCD issue is a global agenda taken up by all governments from low, middle and high-income countries. At a time when high-income countries are seeking relief from the financial burden of NCDs as the major cost driver, low and middle income countries are also showing consistent growth in their healthcare costs associated with NCDs. While there is a growing global focus on NCDs and PCIHS, we can't take our eyes off the existing and emerging issues associated with infectious disease like Ebola, TB, HIV/AIDs and more.

The paper by Chigozie Jesse Uneken on non-critical medical devices as potential sources of infections in healthcare facilities points to some essential policy and practice gaps. If we are concerned with UHC, achieving progress on global health and attending to quality and desired health outcomes, we will also need to pay

attention to the factors that contribute to micro and macro systems failures. As the authors discuss, the lack of clear policies and practices throughout the cycle of care leads to "missing links" that can result in growing disease burden.

Finally, striking the balance in Human Recourse for Health (HRH) planning is an age-old discussion, with more documents, publications and tools than any of us can count. In spite of all of this, we continue to encounter interesting and yet, problematic issues.

The paper by Muhammad Ahmed Abdullah and colleagues on the workforce crisis in Pakistan highlights some of these issues. While the progress that Pakistan has made in growing its HRH is commendable, it is striking to see the inverse balance of HRH. WHO recommends that for every physician, four nurses should also be trained. In Pakistan, the reality is different, for every two physician there is one nurse. It is hard to imagine how UHC, PCIHS, NCD, PHC and many more global health agendas can be attained without clear national policies and investment in planning and building the required HRH capacity.

WHO is currently working on an HRH Strategy that will be submitted to the World Health Assembly (WHA) in 2016. In all likelihood, the strategy will consider and address some of these anomalies.

Dr. Judith Shamian RN, PhD,
President,
International Council of Nurses
shamianjudith@gmail.com
Twitter: @judithshamian

World Health Organization (WHO). 2014. *WHO Global Strategy on People-Centred and Integrated Health Services*. Retrieved November 18, 2014. <<http://www.who.int/servicedeliverysafety/areas/people-centred-care/en>>.