Out of Africa

FOR THE LAST three years, I have served as the associate director of health workforce for the Aspen Institute’s Realizing Rights program—living and working for much of that time in Dar es Salaam, Tanzania, with my wife and son. It has been an amazing experience and one that I suspect I will treasure even more as time passes.

I have been particularly privileged over these last few years to work alongside and to play a role in advancing the vision of Mary Robinson, the former president of Ireland and U.N. High Commissioner for Human Rights. Realizing Rights, a time-bound initiative, was founded and led by Mary Robinson in order to place human rights—particularly economic and social—at the heart of global governance. Our work, which focused in Africa, encompassed a range of activities to further the realization of human rights. These included support for national health systems, promotion of the decent work agenda, mainstreaming human rights principles and standards into business environments, and addressing the effects of climate change.

I am perhaps most proud of my contribution to bringing to light the challenges, as well as incoherencies, posed by the international recruitment and migration of health workers. A shortage of health workers, projected to last into the foreseeable future, is impeding access to basic health services globally. The African continent is particularly hard hit by the lack of human resources for health. Sub-Saharan Africa, with a quarter of the world’s disease burden, has but three percent of the world’s health workers. The disparity in access to health workers defies comprehension. In Malawi approximately two physicians serve a population of 100,000, while in the United States approximately 256 physicians serve a similar-sized population.

The reliance on foreign health workers in developed countries is further exacerbating existing inequities. Our health system, here in the United States, is itself deeply reliant on foreign health workers. Indeed, we are the world’s largest global employer of health workers. Despite concerns from developing countries on the challenge of brain drain for over half a century, little action had taken place at the global level. It was this gap in international governance architecture that we at Realizing Rights, along with our partners at the World Health Organization (WHO), aimed to fill.

Encouragingly, after a three-year development process, including a final three days of intensive intergovernmental negotiation, the WHO Global Code of Practice on the International Recruitment of Health Personnel was adopted in May 2010 by all 193 member states at the 63rd World Health Assembly. Due in large part to the procedural hurdles involved, the WHO Global Code is only the second such instrument promulgated in WHO’s history, the first in almost three decades.
The adoption of the WHO Global Code of Practice is important as it is the widest possible expression of the challenges associated with health worker migration. Additionally, the WHO Global Code articulates globally agreed upon ethical norms, "principles and practices," necessary to mitigate these challenges. Moreover, while a voluntary instrument, the WHO Global Code includes an innovative reporting system that is more robust than that found in many legally binding international agreements.

It has been very satisfying, personally and professionally, to have been a part of the international law-making process that led to the adoption of the WHO Global Code. There is also a tremendous amount that I have learned from Realizing Rights' broader work to advance and give substance to human rights. I recognize that there is much I could have contributed to my organization's efforts without legal training, relying rather on my graduate degree in public health. However, I also know without doubt that my work simply would not have been of the same standard. Moreover, I would likely have failed to see many of the critical connections residing outside the health sector.

Relatively early in my career, I recognized in myself a commitment to furthering global health equity. However, it was only while working for the U.S. Centers for Disease Control and Prevention in Tanzania, witnessing the inability of traditional public health interventions to provide the most basic of health services to rural women and children, that my desire to study law was sparked.

Washington University provided wonderful training that unquestionably has made me a more effective advocate and practitioner in international public health. I had superb courses in international law and intellectual property law, and wonderful internships. My course work and internships along with the mentoring I received from faculty at Washington University helped provide me with the preparation I desired.

After my first year of law school, Professor Karen Tokarz arranged a summer internship for me with the Children's Rights Centre in Durban, South Africa, a leader in the fight for access to ARV treatment for HIV-positive children and HIV-positive pregnant women in South Africa. I worked with outstanding children's rights advocates and assisted in monitoring treatment protocols.

When I returned to law school the next year, I enrolled in Professor Tokarz's Civil Rights & Community Justice Clinic and continued my work in the area of HIV/AIDS in conjunction with the AIDS Project at Legal Services of Eastern Missouri. I learned much from counseling individuals with HIV/AIDS and helping them fight for their government benefits and legal remedies. After my second year, I was fortunate to receive a Dagen-Legomsky International Fellowship, which allowed me to intern for the summer with the WHO Commission on Intellectual Property, Innovation, and Public Health. Here, I contributed to the commission's important report on making drugs more accessible to poor individuals in developing countries.

I am a strong believer that lawyers, including law students, have a tremendous amount to contribute to international development. Indeed, one can make the plausible argument that the explosion of interest in global health—after decades of neglect—was directly related to the utilization of a legal strategy by civil society in South Africa (Treatment Action Campaign cases). It is unfortunate then how few of us there are working in the area of international development at the country level.

I was recently excited, however, to learn that others from Washington University are also working in Tanzania, including Alex Hendler, JD '03, who set up an online documentation center for Tanzania High Court decisions, and Jenny Wren, JD '13, who interned here in Dar es Salaam for the International Labour Organization this past summer. Together we are making small, but perhaps not insubstantial, steps to improving human well-being. And in the meantime, through exchange with interesting new people and ideas, we undoubtedly are also improving our own.