

Will there be enough jobs for trained global health professionals?

At the Consortium of Universities for Global Health (CUGH) annual conference in San Francisco in April, leading educators in breakout session discussions expressed concern at the increasing number of global health programmes being offered at universities in high-income countries in Europe and North America. Student demand for global health training is clearly robust, but we don't yet know much about the demand side of the global health training–employment equation. Global health trainers and trainees are increasingly concerned that the output of people trained for, and seeking jobs in, global health may outstrip job opportunities in the field.

Job opportunities that appear to be especially prized by global health graduates are those in low-resource settings in low-income and middle-income countries (LMICs). However, finding job opportunities in these settings increasingly presents a Catch-22 predicament for newly-minted graduates because many of these jobs require at least several years (usually about 5)¹ of field experience—a prerequisite that graduates find impossible to fulfil because they cannot land the jobs that would give them this experience.

Taking a step back, one must ask why job opportunities in low-resource LMIC settings are so prized. While altruism is doubtless a driver, another may be a desire to seek new experiences, if not adventure. To help satisfy both of these motivations, university global health programmes could encourage or even require their students to participate in what has come to be known as global/local or “glocal” work settings. These settings, located in the participant's home country, will often feature diverse ethnic groups, foreign languages, recent migrants, and all the problems incident to poverty. Some

employers may find it advantageous to require such a local commitment from graduates before offering them an LMIC field opportunity.

This approach may ultimately be necessary because the availability of field experiences for high-income country graduates to work in LMIC settings will likely decline in coming years as local LMIC capabilities and capacity increase, and external funding ceases to increase or even declines. Some prominent non-governmental organisations (NGOs) such as Management Sciences for Health in Boston, MA, USA, have for some years proactively engaged in such local capacity-building and have offered most of their jobs in LMICs to local applicants. This strategy has multiple advantages: it is ethically sound; local workers speak the local language and know the local culture; they are highly committed to serving their fellow citizens; and they cost less to their NGO employer.

As the number of global health programmes in high-income countries continues to grow, competition for the pool of student applicants will likely escalate. Programmes may, understandably, engage in marketing strategies to entice the best applicants, or even just to fill their available programme slots. Many programmes already engage in various marketing strategies to attract students—such as tacitly suggesting to applicants that their programme has more (or more interesting) countries to offer applicants for their elective experiences than do their the competitor programmes.

While this type of marketing strategy may be relatively innocuous, a more insidious one would be to recruit students into a programme by overstating or embellishing likely job opportunities on graduation. While we don't yet have substantiated evidence that this is currently happening in global health programmes, such strategies have certainly been used in some other graduate

programmes, most notably law. For example, in California this year, a law school graduate—unable to find work 5 years after graduation—successfully brought a case to court against her former law school for falsely marketing their programme by inflating her prospective job opportunities upon graduation.² Even though this case was ultimately unsuccessful, it represents the first of several similar attempted cases that actually made it to trial. As such, it may portend a changing legal landscape that graduate schools of all disciplines should heed in deciding how they market future employment opportunities to their prospective students.

Where do concerns about the potential over-supply of global health graduates relative to the job market leave us? We suggest at least three near-term actions: (1) that global health programmes be more cautious and candid with student applicants about their potential job opportunities; (2) that global health programmes promote more local (“glocal”) job opportunities—not just as a right of passage towards global opportunities but also because students are likely to work more effectively and understand the complexities of communities closer to their own frame of reference; and (3) that surveys be carried out to document the degree to which the current and anticipated production of people trained to work in global health matches the likely quantitative and qualitative employer demand for such people. CUGH's Workforce Subcommittee is now planning a modest-scale survey to begin providing answers to this final question.

In short, it may be time for global health programmes in high-income countries to take a step back and reflect on their long-term mission, viability, and educational goals as we appear to be moving into an uncertain segment of the demand/supply curve in global health education.

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