

## Equitable access for global health internships: insights and strategies at WHO headquarters



Global health education is at a crossroad.<sup>1-3</sup> The landmark Commission on Education of Health Professionals for the 21st Century<sup>1</sup> highlighted the substantial disparities in health education worldwide and proposed reforms to enable all health professionals to “participate in patient and population-centred health systems as members of locally responsive and globally connected teams”.

Internships are a common route for aspiring health-care and public health professionals to enhance their skills and capabilities. Like many international organisations, including others within the UN system, WHO offers internships to eligible candidates across the world. Such internships are mutually beneficial. They enable students of academic institutions to do research and work at high-level agencies, afford additional resources for organisational departments, and link educational centres to policies and practice.<sup>1</sup> Interns gain opportunities to broaden their professional networks in the public health and development specialties, and acquire practical skills in health-care policy and practice.<sup>2,4</sup> In their supervisors and colleagues, interns might acquire role models and mentors who shape their perspectives and career paths. International public health training opportunities can also help health professionals from low-income and middle-income countries to become actively involved in defining and implementing health and development agendas.<sup>5</sup>

WHO headquarters runs a highly popular internship programme every year, comprising summer and winter cohorts. These programmes are oversubscribed, with roughly 200 interns accepted for every cohort. Internships typically last 3–5 months, are unpaid, and are based in Geneva, Switzerland. Although internships are in high demand, the main barrier that restricts accessibility to advanced education and training opportunities such as those at WHO headquarters or other UN organisations is cost.<sup>2</sup> Data from the UN Joint Inspection Unit’s 2009 report suggest that many candidates do not apply for unpaid internships with insufficient funding opportunities.<sup>4</sup> In high-income countries, there is increasing debate on the barriers

that unpaid internships present to social and economic mobility, yet in low-income and middle-income countries, scarce personal finances and a shortage of institutional and governmental grants compound this issue. Many global health practitioners now advocate for equal investment in training future global health leaders from both high-income countries and low-income and middle-income countries—eg, via loan-forgiveness programmes and scholarships.<sup>2,6,7</sup>

To better understand how the unpaid status of internships at WHO headquarters might affect their international accessibility, together with past and present intern colleagues, we did an online survey during two summer intern cohorts (2011 and 2013). The survey, which was distributed via email to all summer cohort interns by the WHO headquarters intern board, asked the interns to anonymously select their country of origin and present country of study. 349 interns responded (192 in 2011 and 157 in 2013) and responses were compiled and analysed. We plotted interns’ reported country of origin against the UN Development Programme’s human development index. Most interns came from a country with a very high human development index in both the 2011 (139 [72%]) and 2013 (125 [80%]) cohorts (figure). Furthermore, we noted that this distribution became more skewed towards very high human development index when we analysed the interns’ reported country of study (154 [98%] in 2013). In the 2013 cohort, almost half of interns (72 [46%]) described their monthly expenditures as more than 1500 CHF (about US\$1700), most of which is spent on accommodation (data not shown).

Similar trends have been recorded at other UN agencies.<sup>4</sup> Boosting the accessibility of internships for candidates from low-income and middle-income countries could be one mechanism to promote the acquisition of international skills and experience by these candidates, and help with the transfer of knowledge and expertise to their peers in-country. To this end, the WHO Intern Alumni Association and WHO headquarters intern board have been collaborating to improve internship accessibility for such candidates. We have sought to

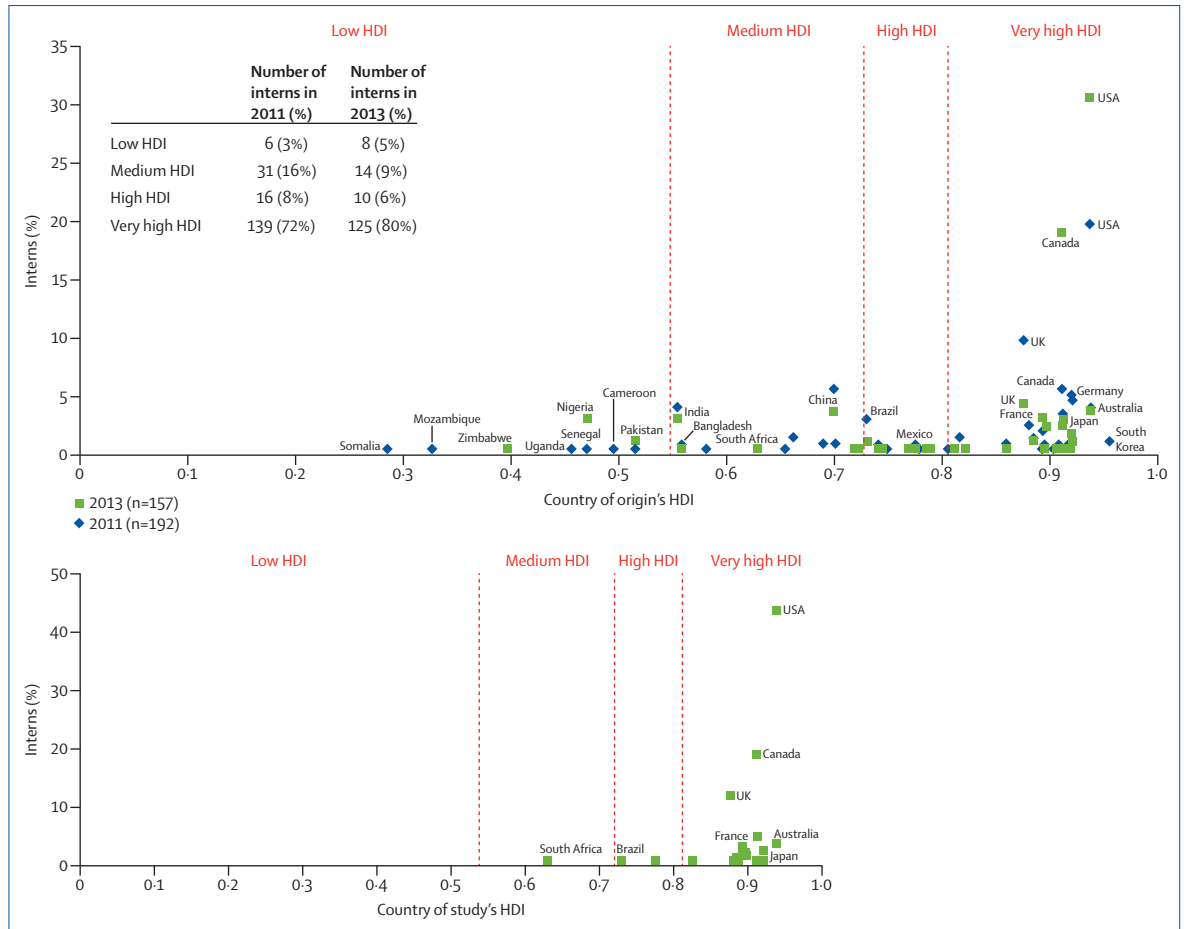


Figure: Proportion of interns at WHO headquarters by the HDI of interns' country of origin (2011 and 2013) or country of study (2013 only). Data from UN's Development Programme and WHO Headquarters Intern Board. HDI=human development index.

address obvious barriers to intern welfare, namely the high financial costs of living in Geneva. Successful initiatives have included sharing household appliances, bicycles, and other supplies between interns, and the introduction, in November, 2013, of intern discounts at the WHO headquarters canteen.

To address the financial barriers that restrict access by candidates from low-income and middle-income countries, a scholarship is being established. Our objective is to financially support accepted candidates from low-income and middle-income countries to intern at WHO headquarters, thereby advancing equitable intern representation. However, we recognise that many qualified candidates from low-income and middle-income countries might not apply for an internship at WHO headquarters,<sup>4</sup> and therefore aim to build networks among universities and health institutions in these settings to encourage

candidates to apply, and to signpost available funding options. Fundraising for this scholarship is in progress, having benefitted from the work of previous intern cohorts and a pledge from WHO. Members of the public will soon be able to make donations to this scholarship online. Promotion of equal access is not confined to candidates from low-income and middle-income countries, and we intend to extend our advocacy to include other under-represented groups, such as prospective intern candidates living with disability.

For sustainable improvements in internship access and improved global health education, academic and professional institutions need to partner with the public sector and foundations, donors, and governments to channel resources to achieve this aim.<sup>1,2</sup> This scheme and its results could be replicated at other UN agencies and international health

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organisations with internships. However, the scale of this task necessitates the involvement of multiple stakeholders. Who else will step up and contribute to a growing movement towards equitable access for training, educational, and networking opportunities in global health? And who should lead this transition and monitor its success?

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