

A crisis in the making

The global health workforce is in crisis with hundreds of thousands of additional healthcare professionals needed. AMREF explain what they are doing to address this crucial issue.

“Effective (successful) delivery of essential health care services depends on a sufficient supply of well trained health workers”

The global health workforce crisis is immense and universal but its effects are certainly worse in sub-Saharan Africa. Health workers are the glue that bonds the health system and sub-Saharan Africa is the epicenter of the crisis. Africa, with 24% disease burden, has only 3% health workforce. By contrast, the Americas, with 10% disease burden, have 37% of the global health workforce and health expenditure of 50% of the global resources. The scale of the problem is obvious.

Workforce shortages and low retention of health workers

There is sufficient evidence that the density of health workers has a positive impact on immunisation coverage, primary care and infant, maternal and child survival which is essential to achieving the Millennium Development Goals (MDGs). To deliver 80% of the essential health package, Africa needs 2.5 health workers per 1000 people. This equates almost 800,000 doctors and nurses/midwives by 2015.

The factors that contribute to the continued health workforce shortages in the public sector include:

- large numbers of unemployed, under employed trained and skilled health workers
- sluggish training trends for health workers
- internal maldistribution of health workers in urban and rural areas

International migration triggered by dismal and unsafe working conditions, inadequate compensation and incentives and no career development opportunities result in the poor retention of health workers.

Initiatives to overcome the shortfall

Development partners and African governments have increased investment



• Health worker Mary Keji attends to an expectant mother at the Tali Health Centre in Terekeka, Southern Sudan where AMREF is training health workers and traditional birth attendants © AMREF/Alex Hooper

in pre-service training, including improving income and living wage estimated to be US\$2.6 billion per year and increasing the current wage bill by 2.5 times. Quick fixes include extending retirement age, recruiting from abroad and incorporating ‘task shifting’ to achieve a more appropriate skill mix. Some initiatives have succeeded in improving the distribution of available human resource health (HRH).

In Malawi, MOH, DFID, and Global Fund engaged in a multi year effort to improve retention, deployment, recruitment and training of multiplicity of health workers including doctors, nurses and clinical officers. This resulted in an increased enrollment of 250%, with 40% more doctors, 50% more clinical officers and 30% more nurses than in 2003.

African Medical Research Foundation (AMREF) has been at the forefront of HRH development and management across Africa for the last 50 years. Significantly, AMREF has led in the development of the concept of “skill mix” (task shifting), one solution to overall HRH crisis in Africa such as training clinical officers and community midwives to carry out duties of physicians in Southern Sudan and training community health workers across Africa to undertake high level functions.

AMREF has also tested the use of ICT as an approach to scaling up training of HRH. In Kenya, we are implementing a programme to upgrade 22,000 certified nurses to registered level nurses. So far,

1,500 have graduated and over 6,000 are enrolled, at 20% of the cost and without disruption to service and family lives. The approach is being replicated in Uganda.

AMREF has continued its advocacy for human resources for health including more health care workers in Africa and calling for an increased investment such as training, deployment and management of migration by governments and the international community. In addition, AMREF continues to advocate for task shifting for countries with severe shortages, including the elimination of rigid proof barriers and HRH leadership and management enhancement.

The shortage projected in 2006 remains the same in 2015 at 800,000 health workers. Funding for improving the human resources for health crisis has not improved, and therefore the NGO sector in the UK should ask their government to commit and take leadership to ensure that national and global strategic plans are funded and delivered.

To find solutions for this crisis, we need to focus on the bottlenecks and how to overcome them. AMREF propose the creation of a global fund for human resources for health, similar to the funds set up for malaria and HIV/Aids, from which countries with severe shortages would draw financial in kind support.

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