



Global Health Workforce Crisis

Key messages - 2013

*Despite the increased evidence that health workers are fundamental for ensuring equitable access to health services and achieving universal health coverage, there are many countries that continue to experience a severe health workforce shortage. **Strengthening the health workforce must be made a key priority for countries if they are to be successful in achieving universal health coverage.** Integrated and harmonized approaches are required, that pay attention to critical steps in the “supply chain” of health workers and that also recognize the role that different constituencies in society play. This entails addressing capacity, management and working conditions, as well as a solid understanding of the health labour markets dynamics that affect the production, deployment, absorption in the health system, performance and motivation of the health workforce.*

Urgent action needed: Global commitments to the health-related Millennium Development Goals and efforts to increase access, coverage and equity of health services **will not be met** unless action is taken **now** to increase human resources capacity in health services. Addressing shortages and inequitable distribution – so that the right health personnel will be in the right place at the right time – must be made a global health priority.

Global Crisis: More than a quarter of the world’s countries do not have enough health workers. The world needs 4 million new health workers to address global workforce shortages. The urgency to address the health worker crisis is a challenge for all high-, middle- and low-income countries alike. Health worker shortages affect Germany and the USA, just like they affect India or Uganda. Western countries ‘import’ workers from developing countries, because they are also short of trained health workers. Aging populations are exacerbating the problem.

Urban/rural disparity: The acute shortages and inequitable distribution of health workers *within* countries are also major barriers to increasing coverage of health interventions to those most in need. Fifty percent of the world’s population lives in rural areas, but 75 percent of doctors and 62 percent of nurses serve urban populations. For instance, the capital city of Cameroon, Yaoundé, has 4.5 times more health workers than the poorest province in the country.¹ Approximately 80 percent of the Malawian population lives in rural areas, yet only 30 percent of the country’s health staff work there.

Migration: Developing countries lose some of their most valuable health workers to richer countries. For example, 75 percent of doctors trained in Mozambique now work abroad. The majority work in Portugal (1,218) and the rest work in South Africa (61), US (20) and UK (16).² When significant numbers of doctors and nurses leave, the countries that financed their education lose a return on their investment.

¹ Universal Health Coverage and Human Resources for Health Labour Market: in low and middle income countries. Human Resources for Health Observer. Issue 11. July 2012.

² Human Resources for Health: New data on African health professionals abroad. Michael A. Clemens & Gunilla Pettersson

Geographical and financial barriers that prevent people from accessing a health worker when they need care must be removed.

Retention: Effective management of trained health workforce is fundamental. To expand coverage of essential interventions to those who need them the most, health workers must be incentivized with improved working conditions (adequate equipment, facilities, supervision, opportunities for advancement and fair remuneration) to retain them to serve in their home countries/regions or underserved areas. In Zambia, health workers receive an extra 25% recruitment and retention allowance to their basic monthly salary; those that serve in rural areas receive an additional 25% rural and remote hardship allowance. These policies have been effective in decreasing the migration of nurses³.

Holistic approach: Countries must develop innovative solutions for strengthening their health systems, based on priority health needs and concrete strategies for achieving better health outcomes. Adopting a holistic approach to the crisis, recognizing the inter-dependence and the inter-connectedness of the different areas of health workforce development is critical. **Stand-alone interventions will not be effective, nor sustainable.** Strengthening health systems means not just making changes within individual or “vertical” disease-specific programs but extending that change across the system. For instance, when an investment is made in training new health workers, parallel efforts must be made to ensure that adequate resources, management systems and incentives are put in place so to ensure that the new graduates can find employment in the health sector.

Scale-up: Countries must work to increase the quantity of health workers while maximizing the potential of existing health workers, including community health workers who play an important role in reaching remote and excluded populations. Government-wide support is critical in order to strengthen health workforce policy, planning, financing, management, monitoring and reporting. Through the Ministry’s implementation of the Emergency Human Resource Plan (EHRP 2004-2010), Malawi extended the health workforce by 53%, from 5,453 in 2004 to 8,369 in 2009 across 11 priority cadres.

Education and training of health workers is an immediate priority, bearing in mind that training a doctor, for example, requires 5-8 years, so the effects of actions taken today will not be felt instantly. The health workforce must be responsive and respectful to the populations they serve, taking into account socio-cultural needs. This means educating the health workforce, ensuring an appropriate gender balance and skills mix and having oversight, supervision and regulatory mechanisms. Building capacity to enable countries to retain and absorb newly trained health professionals is also crucial.

Task sharing while initially driven by the urgency of conquering the HIV/AIDS epidemic, holds the potential of enabling countries to build sustainable, cost-effective and equitable health care systems, thus moving closer not only to the MDGs, but also the Universal Health Coverage goal. It is safe and effective for health workers in communities to carry out a variety of healthcare tasks if they receive training which emphasis a team based approach to the delivery of care, supported by the necessary regulatory framework’s that authorize them to operate within the full scope of their profession.

Leadership: An effective response to the health workforce challenges entails collaboration among multiple sectors of Governments (including health, education, finance, labour, science and research, and multiple constituencies including also the private sector, professional associations, international organizations,

³ Universal Health Coverage and Human Resources for Health Labour Market: in low and middle income countries. Human Resources for Health Observer. Issue 11. July 2012

development partners, foundations and civil society.

Financing: Funding must be long-term and sustainable if it is to contribute in a sustainable and effective manner to strengthening national health systems. Financing is not just about raising funds, but also about how the funds are used—to increase efficiency, effectiveness, and equity ("making the money work"). Every country with critical shortage of health workers should develop and implement a budgeted, national health workforce strengthening plan, integrated in the national health strategy. This plan should include a special focus on covering the poor and most excluded segments of society, and strategies to train and retain skilled health workers as well as maximize health worker productivity and performance. Development partners should maintain and increase health resources and technical support to respond to countries' demand, while national governments should strive to sustain and increase domestic health spending and use resources effectively to move towards UHC.

Partnership is critical to success. Cross-government support and partnerships must ensure that health workers have the necessary skills, competencies and incentives to provide an effective service. There should be mechanisms to measure, reward and sustain high-quality service provision. Within governments, responses to this cross-sectoral problem should involve national Ministries of Health, Labour, Education, Public Service and Finance. The only way forward is to work together--North and South, East and West, rich and poor. Everyone has a part to play in the solution to this crisis.

FAST FACTS

- 48 million women give birth each year without a skilled health worker present⁴
- 6.9 million children under 5 die from treatable & preventable diseases every year – more health workers are needed worldwide to prevent this⁵
- Only 168 medical schools exist in the 47 nations of sub-Saharan Africa. Eleven countries have no medical school at all and 24 have only one each.⁶
- Caribbean countries will be short of 10 000 nurses to help care for their ageing population by 2025.⁷
- In Western countries, 40 percent of nurses will retire in the next decade. With demanding work and relatively low pay, young health workers receive few incentives to stay in the profession.⁸
- India needs 2.4 million nurses for a ratio of one nurse to 500 patients.⁹

⁴ The State of the World's Children 2011. UNICEF, 2011

⁵ Levels and Trends in Child mortality: Report 2012. UNICEF, 2012

⁶ Mullan F, Frehywot S, Omaswa F et al. Medical schools in sub-Saharan Africa - *Lancet* 2011 ;377 (9771) : 1113-1121

⁷ The Nurse Labor and Education Markets in the English-Speaking CARICOM* - Issues and Options for Reform, World Bank 2010

⁸ ICHRN 2010 Decent pensions for nurses

⁹ Dileep Kumar, chief nursing officer at the Ministry of Health and director of the Indian Nursing Council, quoted in *Bull World Health Organ.* 2010 May 1; 88(5): 327–328

- If Malawi's nurse training institutions doubled their current training capacity by 2016, Malawi's staffing gap for nurses could be eliminated by 2019. The cost is estimated to be \$27.5 million for training institution capacity over a five-year period.¹⁰
- Ninety percent of all maternal deaths and 80 percent of stillbirths happen in just 58 countries. These countries have only 17 percent of the world's midwives and physicians.¹¹
- Trained midwives can help avert two-thirds of all maternal deaths & half of newborn deaths.¹²
- Over half the deaths of children under five (3.6 million deaths) could be prevented if community health workers spread to maximum coverage in 73 countries.¹³
- It can cost as little as \$300 to train a frontline health worker in crucial lifesaving skills¹⁴

Third Global Forum on Human Resources for Health, Recife, Brazil – 10-13 November

The Third Global Forum on Human Resources for Health will be held in Recife, Brazil, from 10-13 November 2013, with an expected attendance of over 1500 participants, including Heads of State, Ministries of Health and Finance, leading Civil Society Organisations, international HRH experts, health professionals, dedicated health workers, researchers and policy makers. The Forum is an exciting opportunity to explore today's health workforce issues and find solutions. How do we ensure greater coverage of essential interventions and health services? How do we identify what changes in health workforce investment, production, deployment and retention that are required to achieve universal health coverage (UHC)? The focus of the forum is global, reflecting that health workforce availability, distribution, quality and performance represent a challenge for countries at all levels of socio-economic and health development. The Forum will review progress made since the adoption of the Kampala Declaration and Agenda for Global Action and provides a unique opportunity to learn from each other on a global scale. The Third Global Forum will also uniquely, elicit and announce new HRH commitments.

In the lead-up to the event, countries, development partners, international agencies, and all national and international actors with a stake in health workforce development will be invited to make new HRH commitments.

The Global Health Workforce Alliance and the WHO Secretariat have been working closely together towards the development of a [commitment template](#) which can guide countries, institutions and other relevant stakeholders in identifying relevant pathways of HRH actions as a basis to elicit new commitments to be announced at the event.

Recognizing the need for joint action in countries, harnessing the capacity of different sectors in Government and different constituencies in society to advance the health workforce agenda, Member States should identify their commitment pathways in a way that reflects an integrated and system-

¹⁰ NTOP Analysis, *Clinton Health Access Initiative*

¹¹ The Lancet Stillbirth series, the State of the World's Midwifery Report 2011

¹² The State of the World's Midwifery 2011: Delivering Health Saving Lives. UNFPA, 2011

¹³ Dr. Henry Perry and Rose Zulliger of the Johns Hopkins Bloomberg School of Public Health - a literature review on the effectiveness of CHWs and its contribution to the MDGs

¹⁴ The Earth Institute of Columbia University. One Million Community Health Workers. (New York: 2011)

oriented approach to HRH development, reaching to and collaborating with other sectors and constituencies.

The forum will also highlight the need for sustained political will at the highest level, if countries are to succeed in translating their commitments into concrete actions. Political will is necessary in order to align efforts of different constituencies and to ensure their sustained focus over a long timeframe, so as to catalyse actions for a contemporary HRH agenda instrumental to achieving UHC.
