



global health
workforce
alliance

Health care professionals for maternal and newborn health: some reflections on the gaps and the way forward

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Board member

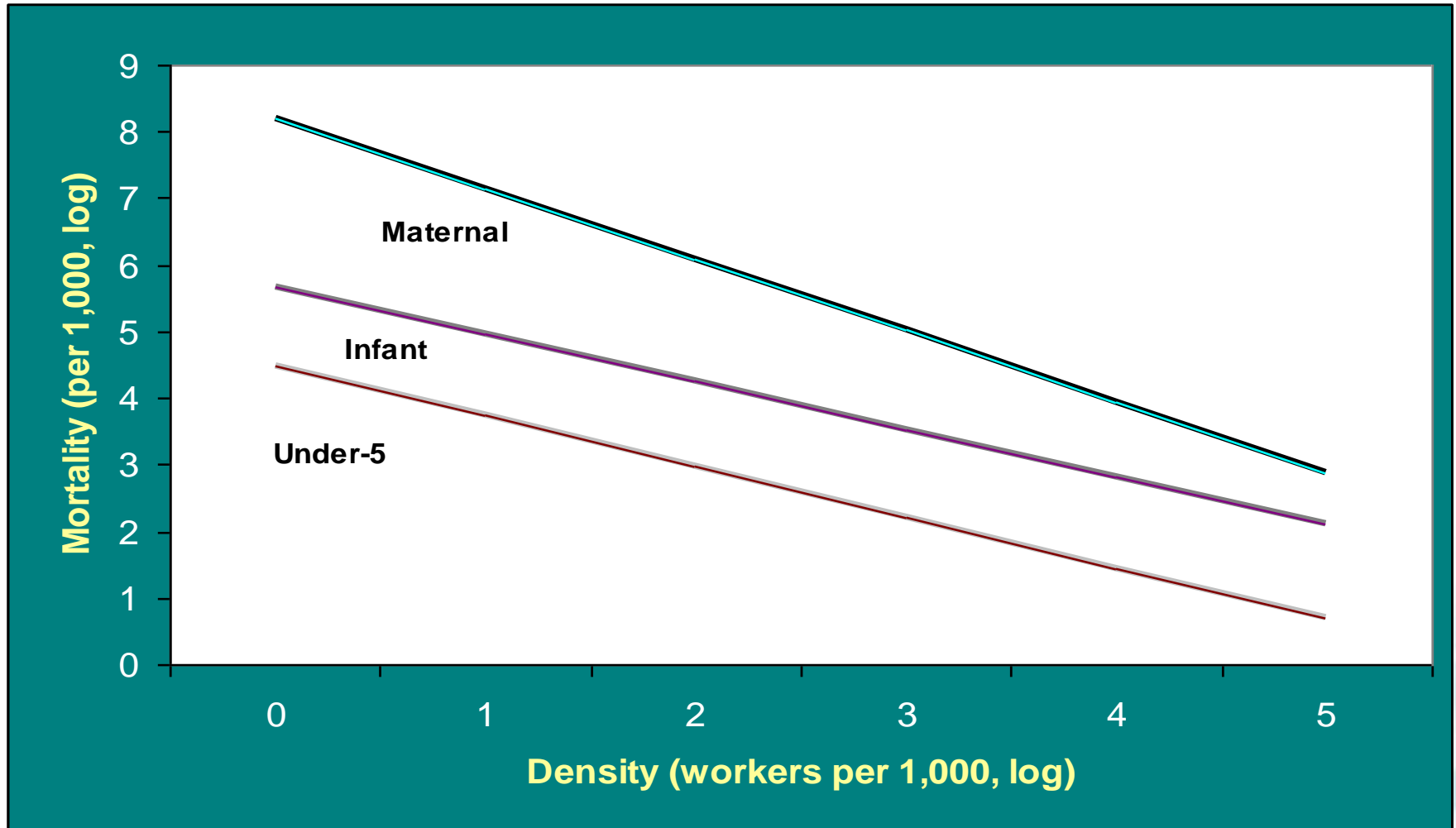
Global Health Workforce Alliance

**Conf. of Chairs REC & National Parliament
Committees of Finance / Budget with Pan
African Parliament**

October 1st 2010

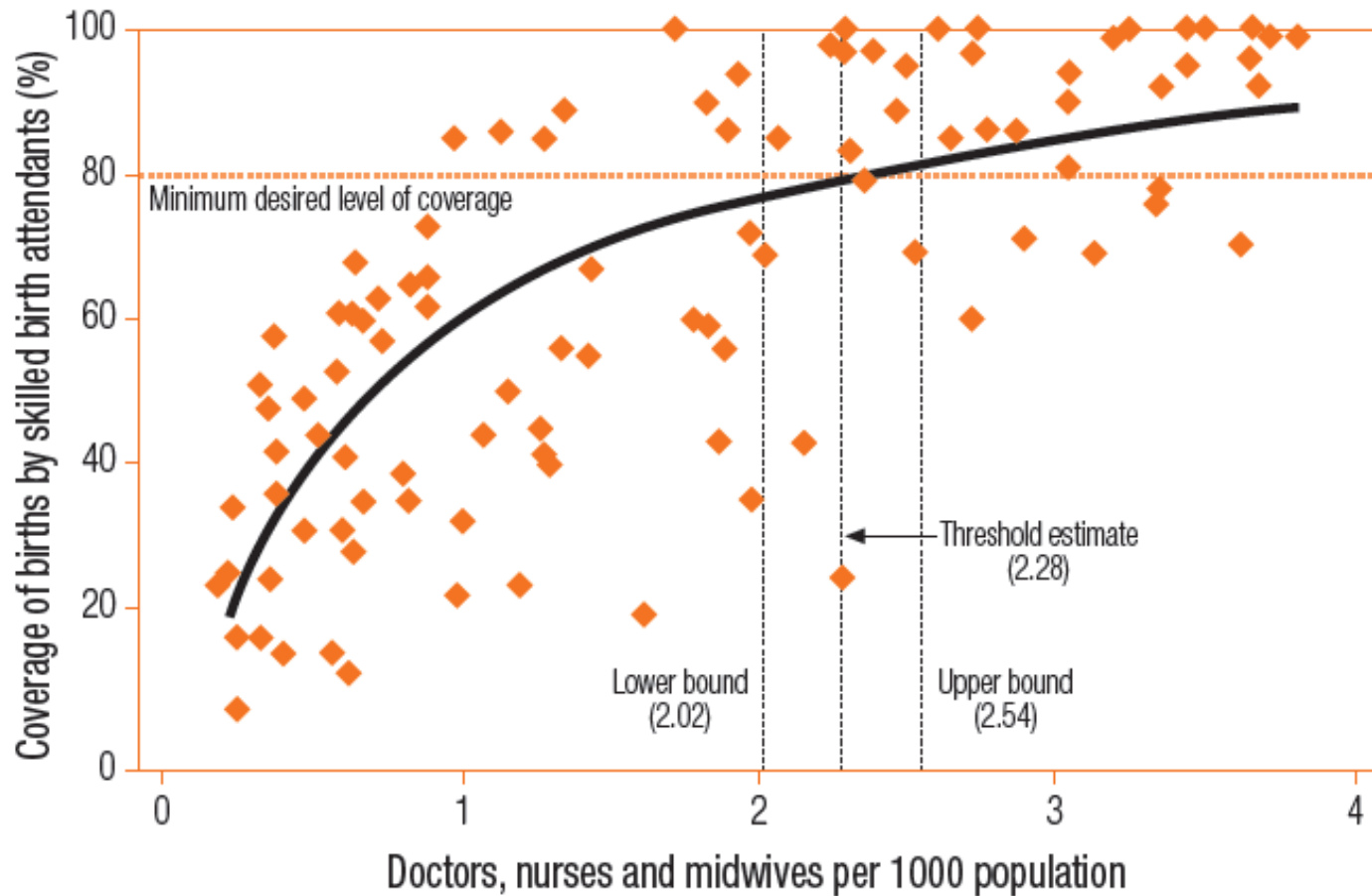


HRH availability and impact on MDG targets

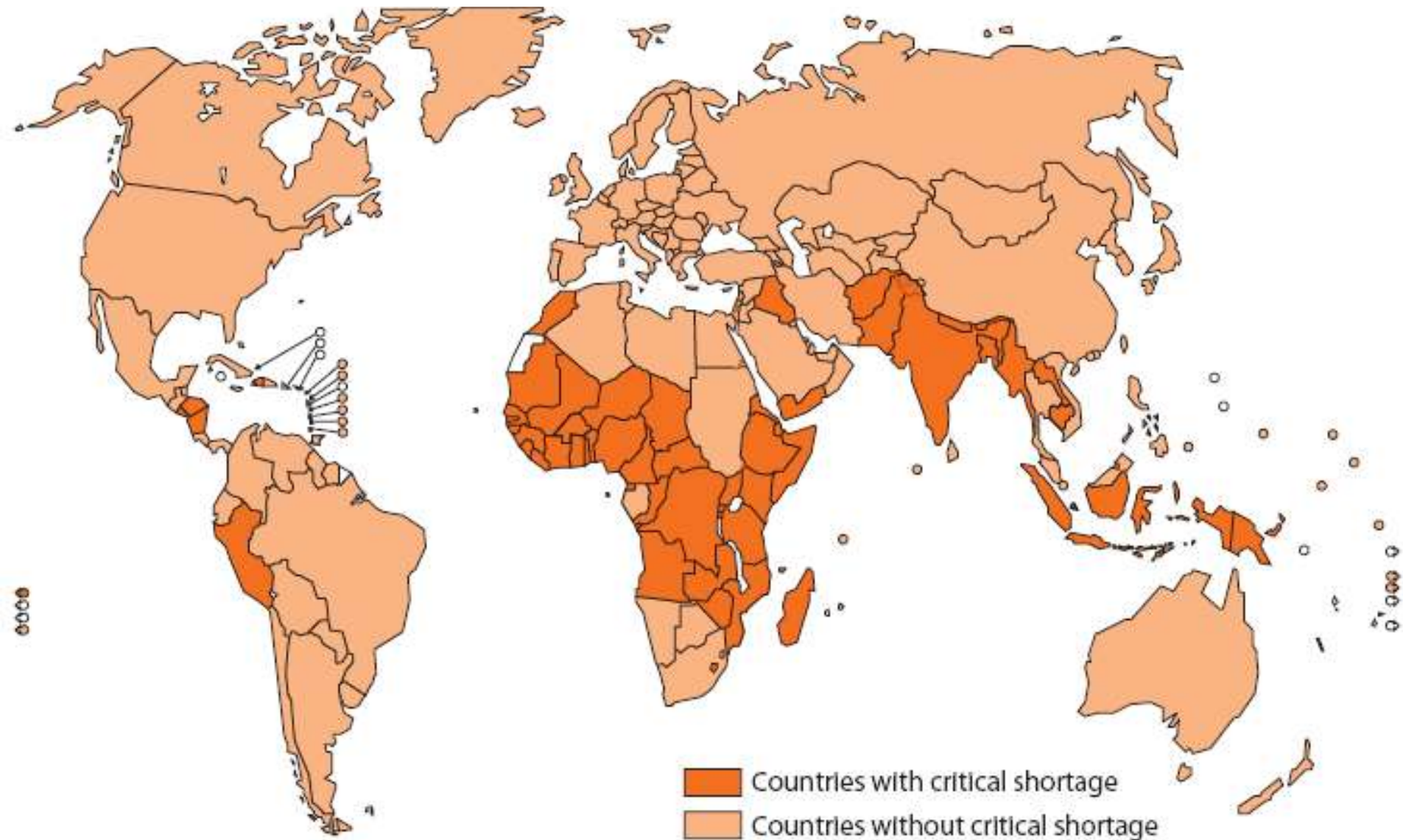


Source: Anand & Barnighausen 2004

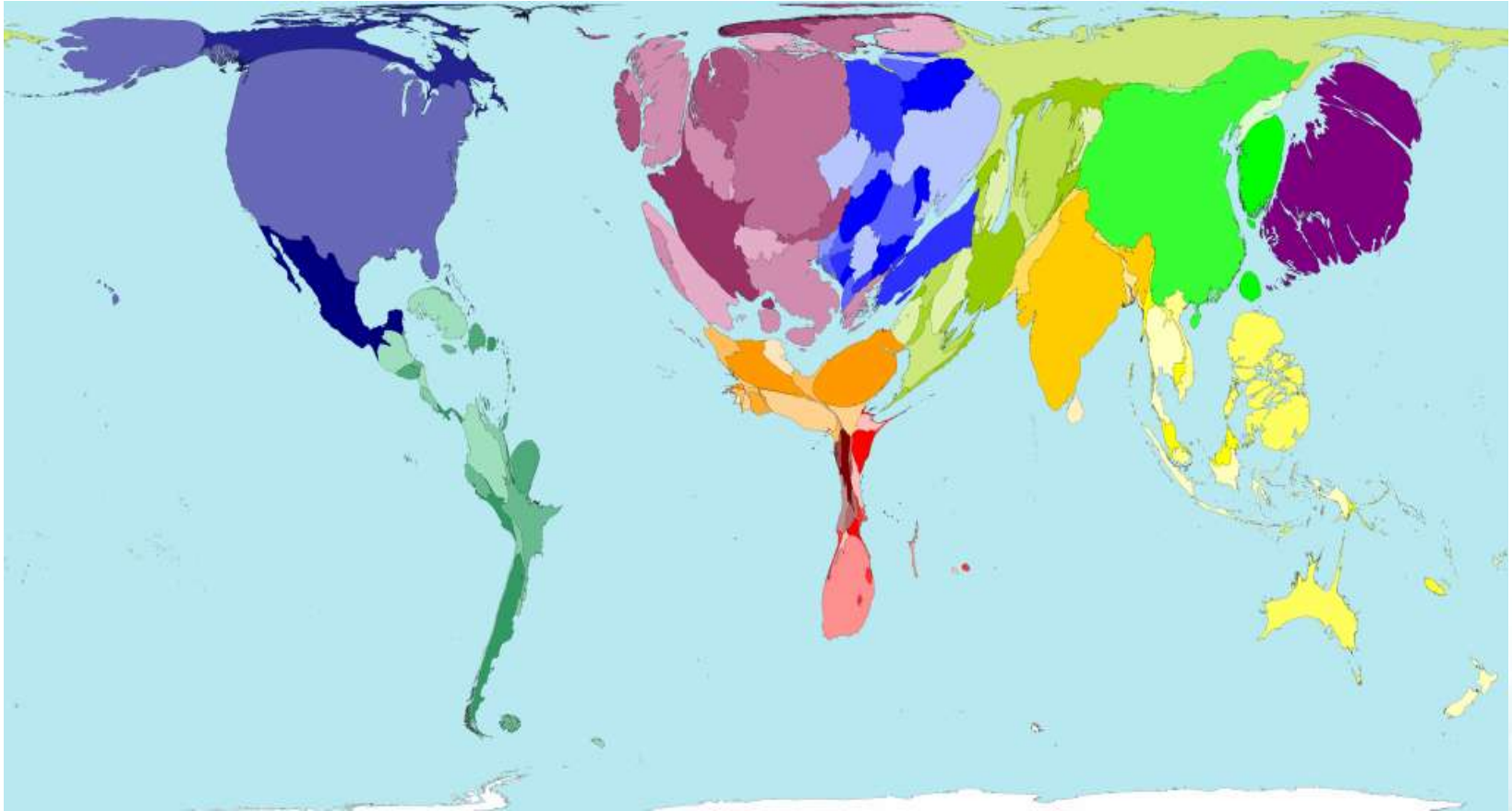
Density of health workers and skilled birth attendance



A critical problem in Africa and South Asia



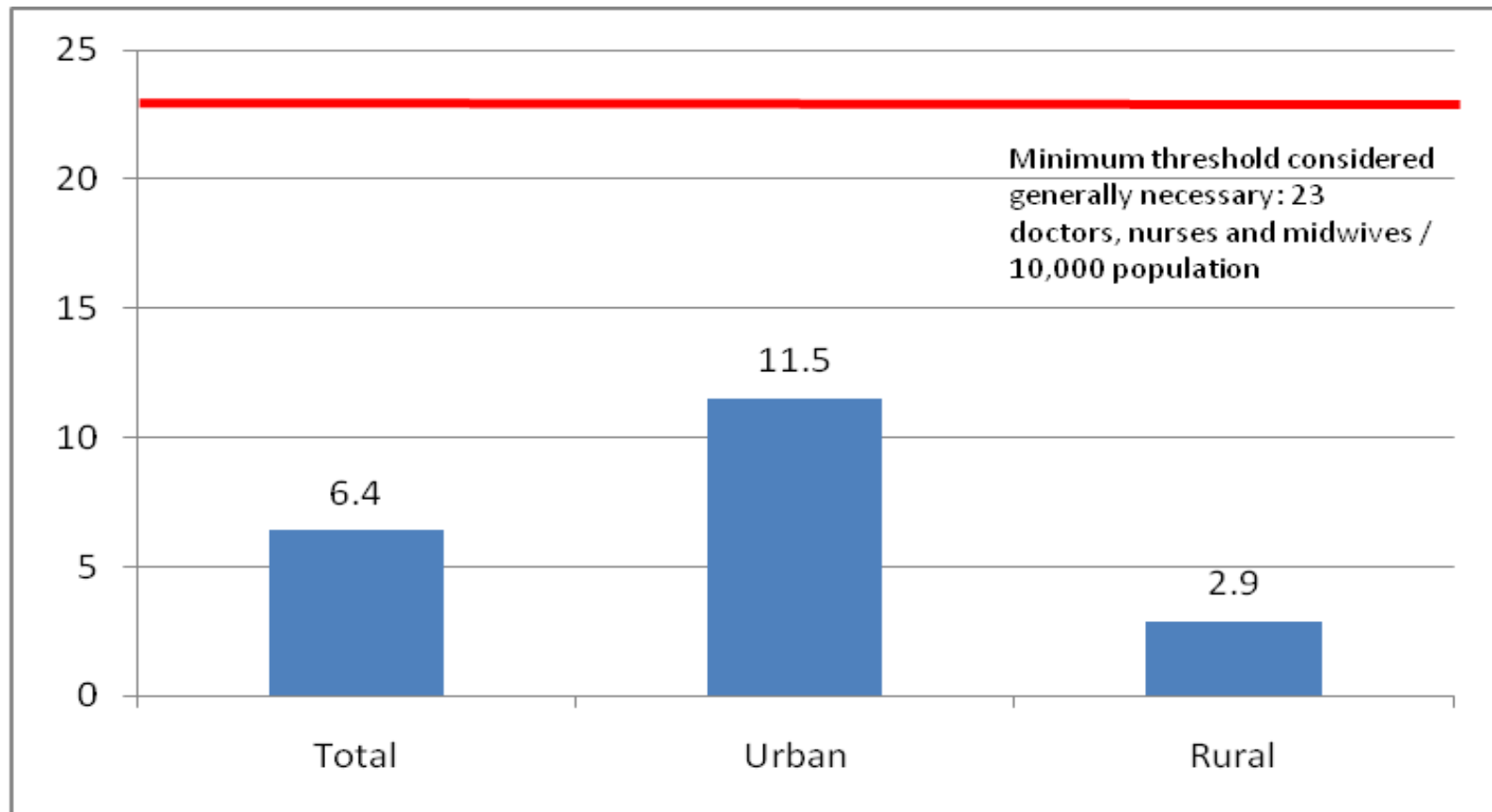
Uneven global distribution: nurses



Source: www.worldmapper.org and WHO Global Atlas Health Workforce

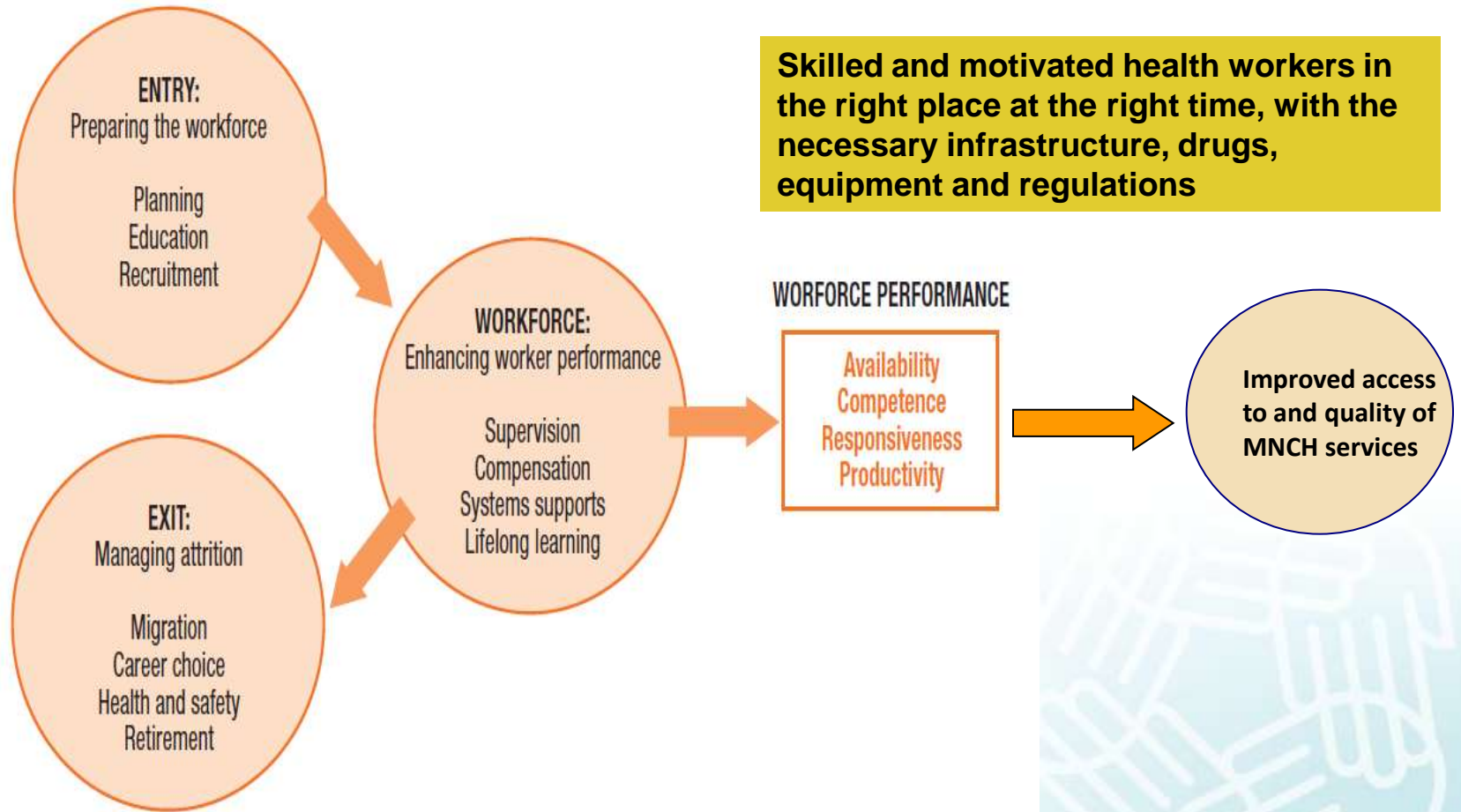
Legenda: the size of the countries is proportional to density of nurses

Uneven distribution of health workers within countries ...

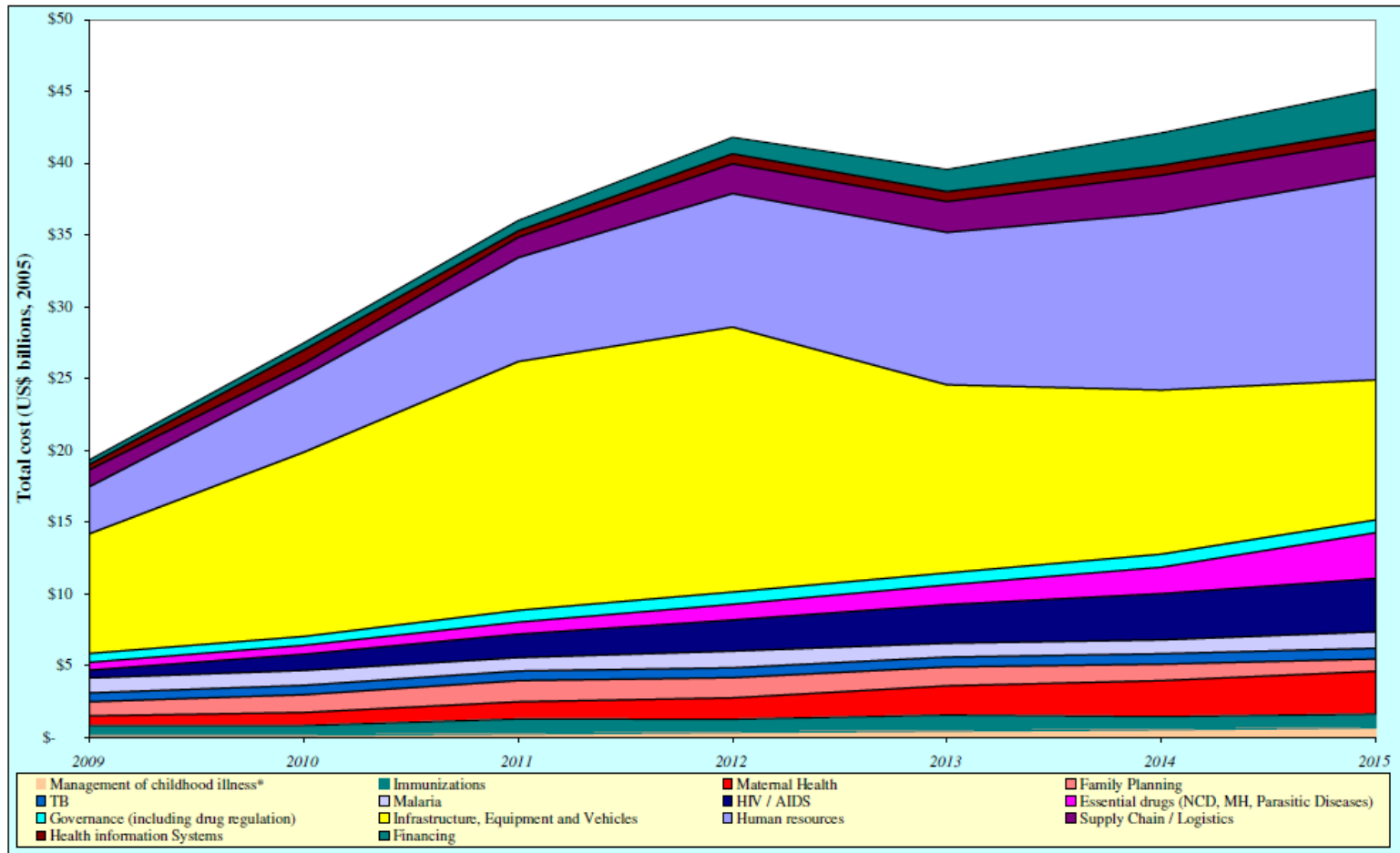


Source: WHO Global Atlas of the Health Workforce, 2009 update.
26 selected Countdown countries with urban/ rural distribution data available.

Supporting the health workforce throughout its lifespan



Investments in health workforce: the needs are massive



Financing for health workers* (1 of 7)

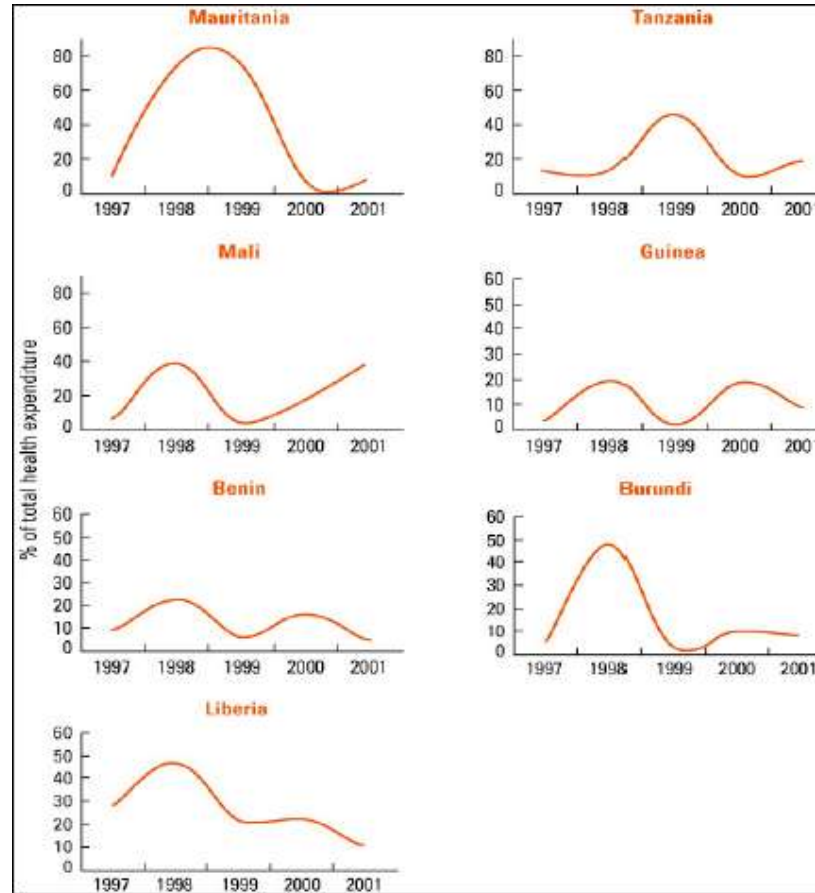
1 Employment costs and fiscal space constraints:

- Countries should analyse fiscal space available for health and HRH
- Understand link between investment in HRH and likelihood of meeting MDGs
- Use fiscal space analysis to advocate for increased external assistance

*Source: Financing and Economic Aspects of Health Workforce Scale-up and Improvement: Framework Paper (Global Health Workforce Alliance, 2008)



Aid is volatile



Financing for health workers (2 of 7)

2 Pre-service training/production

costs:

- Financing of capital and recurrent costs for the capacity to produce HRH to meet the needs of scale-up
- Potential from private sector spending
- Potential efficiency gains from better skill mix (more community health workers and mid level health providers)
- Major gaps in education sector



Financing for health workers (3 of 7)

3 Equitable deployment costs:

Doubling wages	Share of doctors willing to work in rural areas	7%	57%
Providing high quality housing		27%	84%
Doubling wages to nurses to work in rural areas	Nurses labor supply	4%	27%

Source : World Bank- NORAD GATES HRH program

Financing for health workers (4 of 7)

- **4 Retention costs:** Costs and tradeoffs of improved HRH retention
- targeted investment in rural facilities;
- recruitment from rural areas;
- curriculum reform to emphasize rural primary health care;
- hardship bonuses for rural service



Financing for health workers (5 of 7)

5 Efficiency/productivity costs and savings:

- Improved management, support and supervision
- Strengthen accountability mechanisms
- Performance-based incentives
- Appropriate skill mix



Financing for health workers (6 of 7)

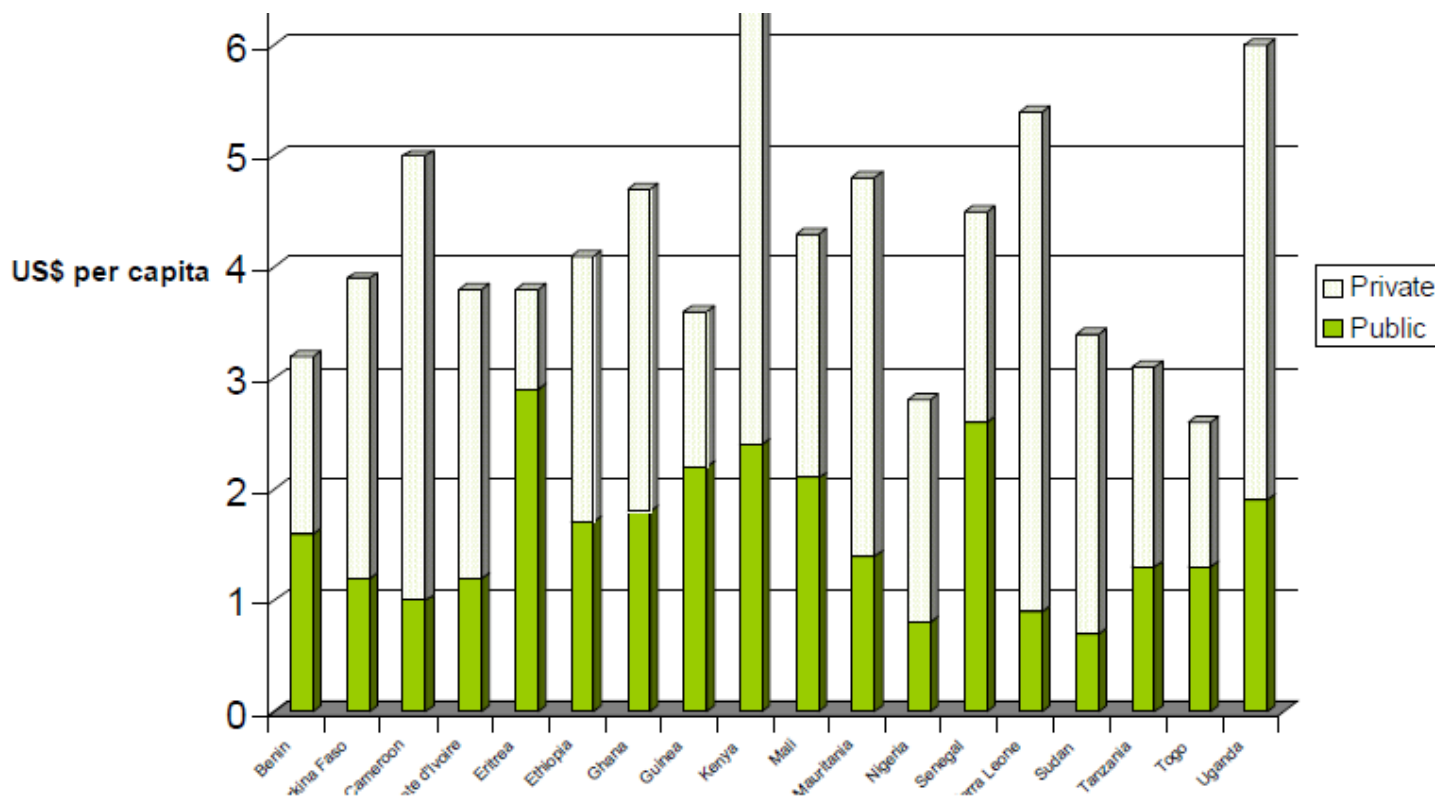
6 Human resource management costs: Costs of strengthening HRH management systems

- Salaries HRH management staff
- Training HRH management
- HRH information systems
- Costs of recruitment and hiring of HRH



Financing for health workers (7 of 7)

Private sector engagement costs and savings:



Conclusions

- Progress is possible
- Great potential from more efficient use of resources
- But more resources for health and for health workers are often needed, especially in low-income countries and countries affected by shortage
- Parliaments have a central political and oversight role to play in solving the problem

