Overview of the Human Resources for Health Crisis in Developing Countries

Way out of the crisis, implications for Nigeria

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Dr George W. Pariyo (MBChB, MSc, PhD)

Medical Officer, Country Facilitation Team
Global Health Workforce Alliance Secretariat
Outline of the presentation

**Part 1**  Overview of human resources for health global crisis

**Part 2**  Global Health Workforce Alliance

**Part 3**  Country actions – a way out of the crisis
Part 1

Human Resources for Health: Shortages, Inequitable Distribution

A global crisis!
Global health workforce crisis

Globally…

- Shortfall of **4.3 million** health workers globally
- Education and training insufficient
- Monthly wages: < **$100** in some countries vs > **$14 000** in other countries

In Sub-Saharan Africa…

- **24% of global burden** of disease but only **3% of world's health workers**
- 1 of 4 doctors and 1 of 20 nurses trained in Africa are **working in developed countries**.
Density of health workers and skilled birth attendance

Countries with a critical HRH shortage
(< 2.3 nurses, midwives and doctors per 1,000 population)

Uneven global distribution: nurses

Source: [www.worldmapper.org](http://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 ...

26 selected Countdown countries with urban/ rural distribution data available.

Minimum threshold considered generally necessary: 23 doctors, nurses and midwives / 10,000 population
Africa has greatest burden of disease, least health workforce!
Countries with a critical HRH shortage

Of 57 HRH crisis countries, 39 (68%) are in Africa.
36 (63%) are in SSA

Global situation of health workforce

Health Service Providers (per 10,000 population) by WHO Region, 2005

Note:
1. Data as reported by countries (compiled at WHO Regional offices and the Headquarter)
2. Reference year of data for some countries may differ from the reported year 2005
3. Health service providers include: (i) Physicians (ii) Nurses (iii) Midwives (iv) Dentists (v) Pharmacists (vi) Environmental and public health personnel (vii) Lab workers (viii) Community health workers (ix) other health workers

Source: WHO SEARO
Health workforce crisis in Africa

- In Africa, there are, on average, only 1.08 doctors, nurses and midwives per 1000 population.
- In real terms, this means that there are 17 doctors, 71 nurses and 20 midwives for each 100,000 people in Africa.
- 1 in 4 doctors and 1 nurse in 20 trained in Africa is working in developed countries.
- The current rate of health worker production in these countries is such that the deficit will never be met and will only continue to grow.
Distribution of health workers by level of health expenditure and burden of disease, by WHO regions
# Health Personnel in Asia-Pacific

<table>
<thead>
<tr>
<th>South and South-West Asia</th>
<th>Physicians per 10,000 population</th>
<th>% of births attended by skilled personnel</th>
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<tbody>
<tr>
<td>Bangladesh</td>
<td>3</td>
<td>18</td>
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<tr>
<td>Bhutan</td>
<td>&lt;0.5</td>
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<td><strong>South-East Asia</strong></td>
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<td><strong>East and North-East Asia</strong></td>
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<td>Republic of Korea</td>
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<td><strong>Developed countries</strong></td>
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<tr>
<td>USA</td>
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</tbody>
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*Source: Asia-Pacific MDG Report 2010, 2010*
Focus on Nigeria
Health worker availability and coverage of essential health services

Threshold = 2.3 HWs per 1000 pop

Nigeria = 2.01 HWs per 1000 pop

Minimum desired level of coverage

Some Country Indicators

- Population – 158 million
- Density of Nurses, Midwives and Doctors per 1,000 population – 2.01
- Number of maternal deaths – 50,000
- Percent of all births registered – 33%
- Health workforce shortage to attain 95% skilled birth attendance by 2015 – 6,790

Source: State of the World’s Midwifery 2011, Nigeria Country Profile
Some MDG Indicators

- Maternal Mortality Ratio (per 100,000 live births) - 840
- Births attended by skilled health personnel – 39%
- Under-5 Mortality Rate (per 1,000 live births) – 143

Source: Based on data in State of the World's Midwifery 2011, Nigeria Country Profile
Inequitable Distribution of Health Professionals

Regional Distribution of Doctors and Nurses in Nigeria, 2007

Source: Nigeria HRH profile (page 23) - based on data from Professional Regulatory Agencies 2008
Regional Disparities in Mortality

Distribution of Mortality by Geo-political Zones

Source: Nigeria HRH profile (page 24) - based on data from NDHS Report 2003
Stagnant Production of Health Workers

Training Outputs from Health Training Institutions from 2002 to 2005

Source: Nigeria HRH profile (page 26) - based on data from National Universities Commission, Professional Regulatory Agencies, 2007
Need for Scaling Up Education

Rate of Increase of HRH Stock and Attrition Rate by Cadre in the Nigerian Public Sector, 2006

Source: Nigeria HRH profile (page 24) - based on data from National AIDS Control Agency, 2006
Slow progress towards MDG target

Source: Based on data in State of the World's Midwifery 2011, Nigeria Country Profile
Health Workers Save Lives!
Evidence base

Link HRH policies to HRH availability: Dussault G, Dubois CA Human resources for health policies: a critical component in health policies. Hum Resour Health. 2003 1(1):1


Evidence base


Density of health workers and skilled birth attendance

Health worker availability and survival

In other words, higher health worker density => lower mortality

HRH availability and impact on MDG targets

Source: Anand & Barnighausen 2004
No health workforce, no health Millennium Development Goals!

**MDG 4:** reduce child mortality

**MDG 5:** reduce maternal mortality

**MDG 6:** combat HIV/AIDS, malaria and other diseases

Future priorities: control chronic and non-communicable diseases
A Global Crisis Needs a Global Response!
Global health workforce crisis and health outcomes

- Fewer health workers
- Lower macro economic outcome
- Higher mortality rate and disease burden
- Lower health service coverage

The Global Health Workforce Alliance
"The Painful Fact
Worldwide, one billion people never see a health worker all their lives"

Amb. Sigrun Mogedal (former Chair, GHWA)
A global vision
“all people, everywhere, shall have access to a skilled, motivated and facilitated health worker within a robust health system”
Kampala Declaration and Agenda for Global Action
The Roadmap: Kampala Declaration and Agenda for Global Action

1. Building coherent national and global leadership for HW solution
2. Ensuring capacity for an informed response based on evidence and joint learning
3. Scaling up education and training
4. Retaining an effective, responsive and equitably distributed health workforce
5. Managing pressures of the international health workforce market and its impact on migration
6. Securing additional and more productive investment in the health workforce
What is the Alliance?

- **Organization**: The Alliance is an international partnership hosted by WHO, which brings together a variety of stakeholders
  - Government ministries and agencies, professional associations, academia, civil society, UN agencies, donor agencies, private sector, etc

- **Vision**: Access for all to a skilled, motivated, and supported health worker as part of a functioning health system

- **Mission**: Mobilize all stakeholders to advocate and take appropriate actions to achieve access for all to health workers, with a focus on the 57 countries in crisis.

- **Composition**: 336 Alliance Members and 27 Alliance Partners from a variety of constituencies
Three core functions “ABC”:

**Advocating** for keeping HRH issues high on the global agenda => (1) Global forum on HRH, (2) High level commitment at G8 – 2008, 2009, 2010 (3) Global code of practice on int’l recruitment of health personnel

**Brokering** knowledge => (1) Task forces, (2) technical tools, (3) community of practice, (4) knowledge centres, etc.

**Convening** all stakeholders => (1) CCF, (2) Global consultation on community health workers.
How does the Alliance work?

Advocacy

- Members
- Partners
- Secretariat
- Board

Brokering knowledge

Convening
Convening: intersectoral coordination for integrated health workforce development

Design, implement, monitor and evaluate a national comprehensive HRH plan

- MoH
- MoE
- MoL
- MoF
- Private Sector
- Prof Ass'n
- Civil society
- Academia

- 19 countries have established/strengthened multi-sectoral HRH coordination mechanisms (as at October 2011)
Way Out of the Crisis, Country Actions and Progress
The Roadmap: Kampala Declaration and Agenda for Global Action

1. Building coherent national and global leadership for HW solution
2. Ensuring capacity for an informed response based on evidence and joint learning
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The problem: HRH plans lacking or not costed or not implemented

57 priority countries

51 countries submitted data

43 countries had evidence based HRH plans

29 countries were implementing HRH plans

25 countries had costed HRH plans

24 countries had evidence based and costed HRH plans and were implementing them
Need to increase production

".....with existing pre-service training patterns, countries would need:

- 36 years for physicians and
- 29 years for nurses and midwives

- to reach the threshold of 2.28 health workers per 1,000 population, the level associated with at least 80% coverage of essential health services e.g., skilled birth attendance and fully immunized child…".

Kinfu et al BullWHO, 2009

The implication is that pre-service training of health workers needs to be expanded as well as combined with other measures to increase health worker inflow and reduce the rate of outflow.
HRH as a complex polyhedron

- In-service training
- Professional development
- Pre-service training
- Migration & retention
- Recruitment
- Deployment & distribution

MOH

Health professional associations
Private sector

NGOs
Civil society

MOE => Education
MOF => Investment

MOH

MOL MOPS MOFA

HRH as a complex polyhedron
Migration

Destinations for Nurses Seeking Employment
Outside Nigeria, 2004 to 2007

Source: Nigeria HRH profile (page 30)
Need to accelerate progress towards MDG target


Source: Based on data in State of the World's Midwifery 2011, Nigeria Country Profile
HRH as a complex “polyhedron”

- Pre-service training
- In-service training
- Professional development
- Deployment & distribution
- Migration & retention
- Accreditation
- Social recognition

1. MOH
2. MOE
3. MDF
4. MOL
5. MOFA
6. Health professional association
7. Private sector
8. NGO
9. Civil society
10. Education
11. Investment
HRH as a complex “polyhedron”

COORDINATION CHALLENGES
- Inadequate dialogue
- Poor information sharing
- Stakeholders engagement
- Coordination mechanisms
- Coordination capacity
- Consensus building

Diagram details:
- MOH, MOE, MOFA, NGO, Private sector, Health professional association, Civil society
- Key areas: Recruitment, In-service training, Pre-service training, Deployment & distribution, Migration & retention, Accreditation, Social recognition
- Coordination mechanisms: Dialogue, Information sharing, Stakeholders engagement, Consensus building
Design, implement, monitor and evaluate a national comprehensive HRH plan
Contributing to a solution
Current status of CCF roll-out

HRH situation analysis through the CCF process

Evidence based, and costed HRH plan through the CCF process
Positive developments but….
but much remains to be done!
A long-term monitoring agenda

- Important evidence gaps persist
- Factors underpinning quality and implementation of HRH plans and function of coordination mechanisms
- Training curricula and competency frameworks
- Workforce movement, availability, distribution
- Quality and performance of health workforce
- Trends in health expenditure for HRH
Need to focus on results!

- Shift from input and process to output indicators
- New HRH benchmarks
- Monitoring to be embedded in national mechanisms
- Implementation of WHO Global Code
Implement the Roadmap

- KD-AGA remains valid framework
- Accelerate development, costing and implementation of multi-sector HRH plans
- Enhance monitoring for improved tracking and use of data
- Attention to quality of education
Implement the Roadmap

- Role of Community Health Workers and Mid-Level Health Providers
- Implement initiatives to favour retention (e.g. WHO guidelines)
- Laws, systems and procedures to implement Code on International Recruitment
- Investment: both domestic and international resources
A long-rough-winding road to reach our HRH vision
Inspired by dedicated health workers

“…There is no house in the village that I have not visited.”

“…There are many health workers like me, silently serving the communities... if one recognizes these silent heroes, give them opportunities, one could harness their talents and motivate them to serve better...our world will become a better and a healthy place to live.”

P.D. Lalitha Padmini
Public Health Midwife, Sri Lanka
Thanks for your attention

Contacts:

Dr. Mubashar Sheikh
Executive Director, the GHWA
Email: sheikhm@who.int
URL: http://www.who.int/workforcealliance/en/

Dr. George Pariyo
Medical Officer
Email: pariyog@who.int
http://www.who.int/workforcealliance/en/