

October 9, 2007

Dear Presidential Candidates,

We write on behalf of Physicians for Human Rights and Health Gap, U.S. members of the Health Workforce Advocacy Initiative, which is the civil society-led network of the Global Health Workforce Alliance (GHWA). GHWA is an international partnership hosted by the World Health Organization. We offer several recommendations for your campaign's global health proposals, based on the input of health professionals with whom we work, both in sub-Saharan Africa and here in the United States.

U.S. Global Health Leadership

As you and your staff develop proposals to address global health needs as part of your campaign platform, we encourage you to ensure that they includes **a pledge to make the investments required to U.S. global health commitments, including universal access to HIV prevention, care, treatment, and support, and to the health-related Millennium Development Goals.**

With many countries falling behind in efforts to achieve these goals, their realization requires the infusion of leadership and more robust investments. The United States is positioned to provide that leadership and drastically reduce needless suffering and death from preventable and treatable diseases and save literally millions of lives.

The Health Worker Shortage

In many countries, especially in sub-Saharan Africa, the health workforce is in crisis. The World Health Organization (WHO) has identified 57 countries facing a critical shortage of health workers, including 36 in Africa. WHO reports that these countries are "very unlikely" to achieve the Millennium Development Goals unless the shortage is addressed. One of these countries is Ethiopia, which has only 2,000 doctors to care for some 75 million people. By contrast, Washington, DC, has well over twice this number of physicians for fewer than 600,000 residents.

Last year, WHO's Acting Director-General Dr. Anders Nordström, stated: "Perhaps the most important area to ensure success in achieving universal access [to HIV/AIDS services] is a skilled and motivated workforce. . . . The situation calls for drastic measures." The 2007 Institute of Medicine review of the President's Emergency Plan for AIDS Relief (PEPFAR) affirmed these perspectives: "The growing consensus is that existing capacity for HIV/AIDS services is nearing exhaustion . . . The shortage of health care workers of all kinds was particularly acute." In July 2007, a World Bank official cited "limited health system capacity" as the greatest challenge in the fight against HIV/AIDS, including the "desperate shortage of doctors, health care workers and researchers, who would not only deliver treatment services but also coordinate local operations."

The impact goes beyond AIDS. WHO officials and other authorities on maternal health have called "the sheer absence of staff and facilities . . . the most substantial barrier to progress" in reducing maternal death in many developing countries. Staffing shortages have also been cited

as a barrier to progress in providing tuberculosis services, and there is a strong positive correlation between the numbers of health workers and immunization coverage.

Fortunately, adequate investments and proper policies can solve this crisis, enabling countries to increase the numbers of health workers they educate and retain, and to deploy them where they are most needed. Examples of these efforts, which are already beginning to help, are appended to this letter.

The Next U.S. Administration

The next U.S. President should make the African health workforce and health systems a priority in order to meet U.S. commitments toward global health goals. The new administration must be willing to commit the money and demonstrate the political courage required to expand the vision of how the United States promotes health and well-being in the world.

Accordingly, we encourage you to incorporate the following items in your proposals:

- ***Commit at least \$8 billion over the next five years to supporting comprehensive health workforce strengthening strategies in developing countries.***

The best estimate of the total new investment required in Africa's health workforce over the next five years is approximately \$24 billion. Given that the United States represents about one-third of the global economic strength, the equitable U.S. share is \$8 billion. The estimate was the product of a working group of the Harvard and World Health Organization co-chaired Joint Learning Initiative on Human Resources for Health. The estimate is being refined, and an updated estimate should be available before the next Administration takes office.

- ***Develop a U.S. strategy to respond to the global health workforce crisis.***

An effective U.S. response to the health workforce crisis will require a coordinated response across a range of U.S. departments and agencies and would raise the prominence of the issue within the U.S. government. Legislation now before Congress, the African Health Capacity Investment Act of 2007, would require the President to develop a strategy to strengthen health capacity in sub-Saharan Africa.

- ***Achieve internationally agreed-upon health goals by providing the financial and technical assistance required to, in combination with host country governments and other development partners, fully implement national health sector strategies for achieving these goals.***

This pledge will help demonstrate that when the United States makes a commitment that will affect the lives of many millions of people – such as to the Millennium Development Goals on reducing child and maternal mortality and reversing the spread of AIDS, malaria, and other major diseases – the United States will follow through on its word. Because health workers are part of a larger health system – including medicines and equipment, information, and

infrastructure – an effective health workforce necessitates concurrent support for the overall health system.

- ***Support International Monetary Fund (IMF) policy reforms needed for countries to make health and development investments required to achieve health and development goals.***

The IMF promotes strict deficit and inflation targets that limit the ability of developing countries to invest adequately in health and development. As the Center for Global Development has concluded, “in several important ways, the IMF has often been too restrictive by ruling out potentially viable policy options without sufficient consideration,” including options that would enable higher public spending. The IMF’s own Independent Evaluation Office found that most increases in aid in sub-Saharan Africa from 1999 to 2005 were being used to build up currency reserves and reduce the deficit, rather than to their intended purposes.

Instead of promoting restrictive targets, the IMF should provide a range of options on macroeconomic policies. Based on its responsibilities under human rights law and its commitment to the Millennium Development Goals, the IMF should include and promote those options that would enable increased investments in health and other development areas. Further, the IMF should enable a wide range of local stakeholders, including civil society and parliamentarians, to have an informed debate on the policy options, and provide real input in the decision-making process. When these decisions are taken at country level, the IMF needs to have created the conditions for choices that are consistent with the domestic and development partner investments required to achieve health and other development goals.

- ***Support a comprehensive U.S. response to the international migration of health workers, including by supporting increased production of health workers domestically, developing a code of practice on international recruitment, and adhering to an international code of practice.***

The health worker shortage in many developing countries is driven, in part, by the emigration of health workers. This migration is a complex phenomenon that will continue and needs to be responsibly managed to minimize the harm to countries losing health workers, and where possible, to benefit both sending and receiving countries. The migration is driven in part by shortages of health workers in developed countries; the Department of Health and Human Services estimates that the United States will have a deficit of one million nurses by 2020, for example. The United States needs to respond to its own health worker shortage by increasing the number of domestically-trained nurses and other health workers through expanded training capacity and other steps, rather than simply relying on health workers from abroad to redress our shortage. The United States should also avoid aggressive recruitment of health professionals abroad from countries that cannot afford to lose their health workers. In 2008 or 2009 the World Health Organization will be developing an international code of practice on health professional migration that will provide further guidance, and we hope that the next Administration will adhere to that code.

- ***Ratify the International Covenant on Economic, Social and Cultural Rights.***

The United States should explicitly recognize the right to the highest attainable standard of health and the other rights contained in this treaty, and U.S. obligations to advance these rights at home and abroad, by joining the 156 states that have already ratified the International Covenant on Economic, Social and Cultural Rights. Ratification would be a step towards restoring the United States as a global leader in supporting human rights and international law, while demonstrating the political courage to hold ourselves accountable for promoting human dignity in all walks of life.

Thank you for considering including these proposals as part of your campaign.

Sincerely,

Holly Atkinson, MD
Chair, Executive Committee
Health Action AIDS Campaign Advisors
Physicians for Human Rights

Paul Davis
U.S. Policy Director
Health GAP

Pat Daoust, MSN.RN
Director, Health Action AIDS Campaign
Physicians for Human Rights

Appendix: Successes in health workforce strengthening in Africa

- Malawi has received funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria and from the United Kingdom to support its Emergency Human Resources Program, which includes increased compensation by 52%, expanded training capacity, and improved staff housing. Early results are positive, as the number of health workers in the government sector and mission hospitals increased by 430 from April to December 2005. Informal interviews suggest that the salary top-up has played a significant role in keeping nurses in the public sector.¹
- In Zambia, PEPFAR has supported 30-35 physicians serving on a three-year contract in rural areas, receiving a hardship allowance, an accommodation allowance, an education allowance for the doctors' children, and funding for post-graduate training. This has enabled 5,000 people to receive AIDS treatment who would not have had access otherwise.²
- Ghana is training and deploying Community Health Officers, nurses with approximately two years' training, to be based in the communities they serve, rather than in more distant health facilities. By the end of 2004, Ghana had trained 310 of these Community Health Officers, who were helping bring care to nearly 1 million people. One district saw its childhood immunization rate triple, maternal and child mortality fall significantly, and the rate of tuberculosis defaulters drop from 73% to 0%.³
- Health workers often have severe challenges accessing HIV services due to concerns of stigma and confidentiality. In response, in September 2006, Swaziland opened a Wellness Centre of Excellence for Health Care Workers. The Wellness Centre provides a range of services, including HIV counseling, testing and treatment, stress management and psychological support, prevention of mother-to-child-transmission, treatment for TB and occupational injuries, and home-based care, for about 6,000 health workers and their immediate families.⁴ Reportedly, in part due to this Centre and in part due to other factors, as of March 2007 not a single nurse has emigrated from Swaziland since the Wellness Centre opened.

¹ Debbie Palmer, "Tackling Malawi's Human Resources Crisis." *Reproductive Health Choices* (2006) 14: 27-39.

² "Rural doctor s number soars – Chituwo." *Times of Zambia*, July 28-Aug. 4, 2005. Available at: <http://www.times.co.zm/news/viewnews.cgi?category=4&id=1122582782>; Office of the Global AIDS Coordinator, *The President's Emergency Plan for AIDS Relief Report on Work Force Capacity and HIV/AIDS* (July 2006), at 12. Available at: <http://www.state.gov/documents/organization/69651.pdf>; Jaap Koot et al., *Supplementation Programme Dutch Medical Doctors 1978-2003 Lessons learned; Retention Scheme Zambian Medical Doctors 2003-2006 Suggestions: Final Report* (Dec. 2003), at 27.

³ Seth Acquah, Graeme Frelick & Richard Matikanya, *Providing Doorstep Services to Underserved Rural Populations: Community Health Officers in Ghana* (Oct. 2006), at 8. Available at: http://www.capacityproject.org/images/stories/files/community_health_workers_ghana.pdf.

⁴ Maggie Cooper (Physicians for Human Rights), *Bold Solutions to Africa's Health Worker Shortage* (2006), at 7-8. Available at: <http://physiciansforhumanrights.org/library/documents/reports/report-boldsolutions-2006.pdf>.