

The Global Health Workforce in Crisis: Overview

“Nurses are called and told they are the backbone of the health care services...in response, I have always said the nurses' backbone is long broken and she/he is on the wheel chair!”

Isabella Mbai, Head of Nursing Science Department, Moi University, Kenya

Health workers – nurses, doctors, pharmacists, community health workers, laboratory technicians, physician assistants, nurse assistants, mental health workers, and many more – are the core of health systems everywhere. Where there are health worker shortages, health systems are compromised, resulting in a deplorable level of preventable suffering, disease and death. Such is the case in many countries in sub-Saharan Africa, as well as others outside the region.

The Scope of the Crisis

In sub-Saharan Africa, a mere 3% of the world's health workers struggle against all odds to combat 24% of the global disease burden. The World Health Organization (WHO) estimates that sub-Saharan Africa faces an acute shortage of more than 800,000 doctors, nurses, and midwives, and a shortfall of nearly 1.5 million health workers overall. Resolving this shortage would require sub-Saharan Africa to more than double the size of its health workforce. Globally, developing countries face a shortfall of more than 4.2 million health workers.

Impact of the Health Worker Crisis

- WHO has identified 57 countries, including 36 in Africa, where the health-related Millennium Development Goals, which focus on maternal and child health, HIV/AIDS, malaria, and other diseases, are “very unlikely” to be achieved with the current number of health workers.
- In many countries, universal access to AIDS treatment, prevention, and care simply cannot be achieved without an expanded and equipped health workforce. At the current workforce level, US AIDS treatment goals cannot be achieved without shortchanging other health services.
- In sub-Saharan Africa, a woman's lifetime risk of maternal death is 1 in 16, compared to 1 in 2,800 in developed countries. According to WHO, “Putting in place the health workforce needed for scaling up maternal, newborn and child health services towards universal access is the first and most pressing task.”

Causes of the Health Worker Shortage

- HIV/AIDS is taking a major toll on the health workforce, including through death and illness of the health workers themselves and the enormous stress that AIDS places on health systems. Fear of contracting HIV is an obstacle to recruiting and retaining health workers, while the same fear contributes to stigma and discrimination against patients perceived to have HIV/AIDS.
- Many countries lack sufficient training capacity to produce an adequate health workforce.
- “Brain Drain”: developing countries struggle to retain health workers. Health sectors have been massively under-funded, due in part to restrictive structural adjustment policies, resulting in a poorly-paid workforce and lack of adequate supplies, technology

and worker safeguards. This situation fuels the large-scale emigration of health workers, not only to wealthy countries but also to the private sector, which is inaccessible to large portions of the population.

- As of 2000, 25 African countries had lost 40% or more of their physicians to brain drain, and 17 countries had lost at least 20% of their nurses.

Inadequate planning and investments have led to shortages of health workers in many wealthy countries, including the United States. These wealthier countries offer attractive opportunities to foreign health professionals, further driving the migration.

Beyond the Numbers

In addition to there simply being far too few health workers, the health workforce in African and other developing countries face numerous obstacles to the delivery of quality health services, including:

- severe internal inequities in health workforce distribution, with rural areas being particularly underserved
- failure to update health workers' skills and knowledge
- poor management and lack of regular, supportive supervision
- lack of medicines and supplies required to provide essential health services
- lack of key skills such as human resource, financial, and program management
- policies that restrict nurses and mid-level workers from assuming greater responsibility
- inadequate support for community-level health workers and caregivers

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