OPPORTUNITIES FOR OVERCOMING THE HEALTH WORKFORCE CRISIS

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HEALTH WORKFORCE CRISIS (JLI, 2004)

Migration
HIV-AIDS
HRH neglect
Crisis

Human Resources for Health: overcoming the crisis (JLI 2004)
John F. Kennedy said, when written in Chinese, the word "crisis" is composed of two characters — one represents danger and one represents opportunity.

(Speech at the Convocation of the United Negro College Fund in Indianapolis on April 12, 1959)

By identifying ‘health workforce crisis,’ we have tried to turn the “danger” into “opportunity.”

The challenge is how to maximize this opportunity by focusing on BETTER rather than MORE.
From Crisis to Opportunity: Increasing Inputs for HRH

To improve HS performance and health outcome, only increasing the number of health workers is not enough.
CHALLENGES FOR HEALTH WORKFORCE

- Inappropriate quantity and quality of existing health workforce
- Macroeconomic policy constraints
- Lack of country capacity
- International migration of HR
- Lack of donor coordination

OPPORTUNITIES FOR IMPROVING THE HEALTH WORKFORCE

What is out there now?

- Recommendations and guidelines (Kampala, WHO Code of practice, etc.)
- Donor countries commitments (G8 +)
- Existing global initiatives (GF, GAVI, etc.)
- Emerging solutions and interventions in low income countries
Policy Recommendations

1. **Strengthen the capacity of countries** to plan, implement and evaluate health workforce programs so that they can more effectively use the existing health workforce and G8 commitments

- Develop evaluation mechanisms for health workforce progress at the country level
- Identify ways to change macroeconomic policies to reduce constraints
- Strengthen international network of higher education institutions
2. **Address the demand-side causes of international health worker migration**

- Clean their own houses and increase the number of health workers in their own countries using their own resources
- Support the WHO code of practice to address migration issues
- Seek practical solutions: protect right of migration and right to health for all

3. **Conduct annual review of actions by G8 countries to improve the health workforce**

- Assess what G8 countries are doing, what has worked and evidence to support this
- Use it to evaluate how health systems are performing, identify gaps in financing and information, develop evidence-based best practices and increase knowledge
In order to delegate donor resources more efficiently, and that efforts are spent on the bull’s eyes, that is, targeting those who are most in need of help,

*identifying the specific countries for immediate support seems to be an important consideration.*

The following criteria should be considered:
- Workforce shortage crisis
- On track to achieve MDG 4
- Country’s economical status (ex. GDP)
- HIV burden
- Political stability

**PROPOSED CRISIS RESPONSE BY WHO**

- **2006**
  - Finance national plans for **25%** of crisis countries
  - Agree on best donor practices for HRH
- **2010**
  - Expand financing to **half** of crisis countries
  - Adopt 50:50 investment guideline for priority programmes (50% of all priority initiative funds are devoted to health systems, with 50% of the funding devoted to national HRH strategies.)
- **2015**
  - Sustain financing of national plans for all countries in crisis

Countries that are on track to meet the MDG 4

1. Africa region:
- Angola
- Benin
- Burkina Faso
- Burundi
- Cameroon
- Central African republic
- Chad
- Comoros
- Congo
- Cote d'Ivoire
- Democratic Republic of the Congo
- Equatorial Guinea
- Eritrea
- Ethiopia
- Gambia
- Ghana
- Guinea
- Guinea-Bissau
- Kenya
- Lesotho
- Liberia
- Madagascar
- Mali
- Mauritania
- Mozambique
- Niger
- Nigeria
- Rwanda
- Senegal
- Sierra Leone
- Swaziland
- Togo
- Uganda
- United Republic of Tanzania
- Zambia
- Zimbabwe

2. Eastern Mediterranean
- Afghanistan
- Iraq
- Lebanon
- Morocco
- Pakistan
- Somalia
- Yemen

3. South East Asia
- Bangladesh
- Bhutan
- India
- Indonesia
- Myanmar
- Nepal

4. America
- El Salvador
- Guatemala
- Haiti
- Nicaragua
- Peru

5. Western Pacific
- Cambodia
- Lao PDR
- Papua New Guinea

CONSIDERING ECONOMICAL STATUS

Country = Lower Middle Income
Country = Low Income

CONSIDERING HIV/AIDS BURDEN

Estimated Adult (15-49) HIV Prevalence in 2005, UNAIDS

Country’s Economy Status (WB Classification)

<table>
<thead>
<tr>
<th>Lower-middle Income</th>
<th>Low Income</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Lower-middle Income</th>
<th>Low Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus on tackling migration</td>
<td>Human security approach</td>
</tr>
<tr>
<td>TTR (i.e. develop incentives)</td>
<td>Task shifting</td>
</tr>
<tr>
<td></td>
<td>Social dialogue</td>
</tr>
</tbody>
</table>
CONSIDERING HIV/AIDS BURDEN

Example of countries that may have a high HIV burdens:

<table>
<thead>
<tr>
<th>Country</th>
<th>PLWHA age 15-49(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swaziland</td>
<td>26.1</td>
</tr>
<tr>
<td>Lesotho</td>
<td>23.2</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>15.3</td>
</tr>
<tr>
<td>Zambia</td>
<td>15.2</td>
</tr>
<tr>
<td>Mozambique</td>
<td>12.5</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>6.3</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>6.2</td>
</tr>
<tr>
<td>Uganda</td>
<td>5.4</td>
</tr>
<tr>
<td>Cote d’Ivoir</td>
<td>3.9</td>
</tr>
<tr>
<td>Chad</td>
<td>3.5</td>
</tr>
<tr>
<td>Congo</td>
<td>3.5</td>
</tr>
</tbody>
</table>

Example of countries that may have a high HIV burdens:

- Alleviate HIVF drainage
- Decrease workloads of health care specialists

Task Shifting

- Community Empowerment
- Global Protection

Human Security Approach

CONSIDERING THE POLITICAL STABILITY

Example of country-wide political conflicts:

<table>
<thead>
<tr>
<th>Country</th>
<th>Type of Conflict</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Civil war</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>Insurgencies (Taliban)</td>
</tr>
<tr>
<td>Uganda</td>
<td>Civil conflict</td>
</tr>
<tr>
<td>Iraq</td>
<td>Post war</td>
</tr>
<tr>
<td>Somalia</td>
<td>Transitional government</td>
</tr>
</tbody>
</table>

Example of politically stable countries:

- Bangladesh
- El Salvador
- Rwanda
- Morocco
CONSIDERING POLITICAL STABILITY

- Stable: Social dialogue
- Unstable: Human security approach

SD: EXISTING MIDWIFERY METHOD

- Social Dialogue
  - Negotiation
    - Exchange of information
  - Consultation
## SOCIAL DIALOGUE IN THE HEALTH SECTOR: GHANA CASE STUDY

<table>
<thead>
<tr>
<th>Objective</th>
<th>To address retention and brain drain issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants</td>
<td>Representatives of the government, employers, regulatory bodies, the private sector, training institutes, hospitals, and labor groups</td>
</tr>
<tr>
<td>Approach</td>
<td>Bargaining and negotiation for incentives to retain healthcare workers</td>
</tr>
<tr>
<td>Results</td>
<td>Allowances for additional duty hours, Cars for health workers</td>
</tr>
</tbody>
</table>

## ONE MORE OPPORTUNITY: HUMAN SECURITY APPROACH

**Human security**

- Grasp needs of community
- Build resilience
- Protect and empower community

* A human security approach for emergency situation.
  * Train local community worker for 6 months for immunization services under Maoist crisis.
AN EMERGING SOLUTION: MALAWI EMERGENCY HUMAN RESOURCES PROGRAM (EHRP)

Focus
- Retention, deployment, recruitment, training, tutor incentives

Plan
- Unemployed or retired staff
- Expatriate staff
- Domestic training capacity
- Salary top-ups

Preliminary results
- Reduction in nurse migration
- Increase in medical school applications

HUMAN SECURITY AND PHC

The PHC reforms are necessary to refocus health systems towards health for all (WHO, 2008)
Health Workforce Inputs

- Improved health system performance
- Improved health outcome

Need for Agreement on Evaluation Indicators
(Only 2.3/1000 is not appropriate)