The urgent need to address the health worker crisis in Africa

The lack of adequate human resources represents a major barrier to scaling up integrated approaches to maternal, newborn and child survival, health and nutrition at the community level. The current experience suggests that limited effectiveness, high staff turnover and inadequate supervision characterize most programmes in developing countries. The massive migration of health professionals, the impact of AIDS, which in some high-prevalence countries has decimated the workforce, as well as the presence of armed conflict, serve to undermine the national health workforce in many developing countries currently making slow or no progress in reducing child mortality. Within these contexts, community health workers can have an important role in improving community health in general and child health in particular. It should be emphasized, however, that community health workers are intended to complement, not substitute for, trained health professionals.

Health workers at the district and community levels

The number of health workers per 1,000 children, in particular nurses and doctors, is a significant determinant of variations in rates of infant, under-five and maternal mortality across countries. For example, research reveals that the prospects for achieving 80 per cent coverage of measles immunization and skilled attendants at birth are greatly enhanced where the health worker density exceeds 2.5 per 1,000 inhabitants. Yet many developing countries, particularly in sub-Saharan Africa, face overwhelming shortages of health personnel.

The migration of skilled health professionals is a cause of grave concern in many developing countries. A point of particular alarm is the massive migration of health professionals from poor countries to rich countries (the so-called 'brain drain'). But other forms of movements of health professionals within a country – from rural areas to zones of conurbation, from the public domain to the private sector, and from the health sector to other sectors – are also limiting the pool of skilled health professionals involved in primary health care in developing countries.

The reasons doctors and nurses leave the health sector altogether appear to be similar in places as diverse as the Pacific Islands and the European Union. They include low remuneration, inflexible hours with many extra duties, lack of continuing educational opportunities, difficult working conditions, demanding patients and shortages of supplies and equipment. Recent statistics indicate, for example, that half of medical school graduates from Ghana emigrate within 4.5 years of graduation, and 75 per cent leave within a decade. In South Africa, more than 300 specialist nurses leave every month – many never to return. The main destinations for migrant health workers are Europe and North America. This is particularly true for the United Kingdom, where one third of the health workforce originates from other countries. Research suggests that the density of health workers (doctors, nurses, midwives) is more than 10 times higher in Europe and North America than in sub-Saharan Africa. The negative impact of migration on the delivery of health services in developing countries is often severe, since this movement of human capital affects the most highly trained professionals, in whom the government has invested heavily through training and professional development.

In addition to these general causes, the AIDS epidemic and armed conflict have also been powerful causes underlying the loss of health personnel in sub-Saharan Africa in particular.

In situations of conflict and post-conflict reconstruction, qualified health providers are vital to provide general and specialized services to vulnerable populations that may have been displaced and injured as a result of the strife. However, in many conflict-affected countries years and sometimes decades of conflict have led to an acute shortage of trained health-care personnel.

To address these shortages of skilled health personnel, at least in the short to medium term, national health systems must build incentives for practising health care at home. While this remains an ongoing challenge, a number of countries have been successful in recruiting and retaining heath workers, including in rural areas, where shortages are often most severe. Incentive packages to retain health workers or reverse migration are being devised to address the crisis. One such example is taking place in Mali, where the Ministry of Health encourages newly graduated doctors to serve in rural areas by offering them training, accommodation, equipment and transport if needed.

Training that is focused on local conditions can also help limit workforce attrition. Longstanding efforts to expand the numbers of health workers in rural areas suggest that training local workers – in local languages and in skills relevant to local conditions – facilitates retention. Such approaches to training often lead to credentials that do not have international recognition, which further limits migration. Success, however, is contingent on providing incentives and support at the local level.

There is a growing concern that affluent countries are benefiting from the brain drain at Africa's expense. As a result, there has been a growing movement calling for an end to the recruitment of health workers from Africa, or, if that proves unrealistic, as is likely to be the case, to conduct recruitment only in a way that is mutually beneficial. In the past five years, about a dozen international instruments have emerged from national authorities, professional associations and international bodies that have set norms for behaviour among the key stakeholders involved in the international recruitment of health workers, and similar concerns have been the focus of bilateral agreements.

See References, page 108.