

Addressing the health worker shortage: A critical action for improving maternal and newborn health

One of the biggest challenges for maternal and neonatal health is the shortage of skilled health personnel. A 2006 World Health Organization survey reveals that while Africa accounts for more than 24 per cent of the global disease burden, it has only 3 per cent of the world's health workers and spends less than 1 per cent of total global resources dedicated to health, even after loans and grants from abroad are taken into account. In contrast, the Americas region, which covers Latin America and the Caribbean along with North America, has only 10 per cent of the global burden of disease but commands 37 per cent of the world's health workers and spends more than 50 per cent of global resources allocated to health.

According to the World Health Organization, the world is facing a shortage of 4.3 million health workers, with every region except Europe showing a shortfall. More specifically, there are not enough skilled health workers – doctors, nurses or midwives – to attend all the world's births. A study by the Joint Learning Initiative found that countries needed an average of 2.28 health-care professionals per 1,000 people to achieve the minimum desired level of coverage for skilled attendance at delivery. Of the 57 countries that fall below this threshold, 36 are in sub-Saharan Africa. Although the countries with the largest shortages of health workers in absolute terms are found in Asia – notably in Bangladesh, India and Indonesia – the largest relative need is in sub-Saharan Africa. This region would need to increase its numbers of health workers by 140 per cent to reach the requisite density. An earlier WHO estimate calculated that 334,000 skilled birth attendants would need to be trained worldwide in the coming years to cover 73 per cent of births.

Shortages of skilled health workers arise from many factors, including underinvestment in training and recruitment, weak incentives for health-care workers, low remuneration and high levels of stress. Heavy migration of skilled health workers from developing countries to industrialized nations – spurred by the burgeoning demand for health workers in industrialized countries with ageing populations – has also taken its toll. A survey of 10 African countries showed that the number of locally trained doctors now working in eight

Organisation for Economic Co-operation and Development countries was equivalent to 23 per cent of the doctors still domestically employed in those countries.

Demographic trends within countries are also strong influences on the health worker shortage. Rapid urbanization in developing countries is exacerbating the shortage of health workers in rural areas, as trained professionals seek work in more affluent urban conurbations. Health workers, who usually qualify in urban settings, are often reluctant to base themselves in a rural location on the grounds that it involves greater hardship, more basic living conditions and less access to urban amenities and entertainment. One survey in South and South-east Asia found, for example, that rural postings were shunned because of lower income, low prestige and social isolation.

AIDS, too, is having a deleterious effect on health systems in the countries where it has reached epidemic proportions. Health workers in these countries face the same risks in their private lives as other people in high-prevalence countries, but are also exposed to significant risks at work in circumstances where protective equipment and practices are often deficient. A 2004 study in South Africa indicated that younger health workers there had an HIV-prevalence rate of 20 per cent. Such workers deserve much greater protection and care, including better supplies of protective equipment, safety schemes to prevent needle-stick injuries, prophylaxis in the event of possible exposure to the virus, and antiretroviral treatment if they become infected with HIV.

Establishing continua of quality health care to reduce maternal and neonatal mortality and morbidity will require strategies to reduce the shortfalls in health-care personnel. While part of this gap will be filled by the recruitment and training of community health workers – whose resourcefulness has been shown to have great potential to provide basic services – much more needs to be done to train and retain skilled health-care workers, particularly in sub-Saharan Africa and South Asia.

See References, page 108.