

The challenge of retaining and training skilled health workers

ACCELERATING progress for child survival and providing a continuum of care for mothers, newborns and children will require a vast increase in the number of health workers, especially at the community level. It is estimated that almost 860,000 additional health staff, more than half of them health and nutrition promoters, will need to be recruited and deployed by 2015 to meet the health-related MDGs in Africa.

At the same time they are facing massive shortages of health personnel, African countries are steadily losing health professionals to industrialized countries that offer better economic opportunities. The International Development Research Centre, sponsored by the Government of Canada, estimates that developing countries invest about US\$500 million each year in training health professionals who are then recruited or move, in effect subsidizing health systems in more affluent countries. Among personnel trained in Africa, 1 in every 4 doctors and 1 in every 20 nurses are now working in the 30 most industrialized countries of the world. For example, 29 per cent of Ghana's physicians are working abroad, as are 34 per cent of Zimbabwean nurses. In the absence of significant investment in their health systems, developing countries will have very limited options for stopping this 'brain drain'.

Adapting medical training to country needs and providing incentives

To address the loss of 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 health workers, including in rural

areas, where shortages are often most severe. Incentive packages to retain health workers or reverse migration have been devised in several countries. In Mali, for example, the Ministry of Health encourages newly graduated doctors to serve in rural areas by offering training, accommodation, equipment and transportation.

Training focused on local conditions can also help limit workforce attrition. Long-standing efforts to expand the number 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 growing concern that affluent countries are benefiting from the brain drain at Africa's expense. In response, a movement has emerged that calls for an end to the recruitment of health workers from Africa, or only to do so in a way that is mutually beneficial. Some voices in this discussion call on industrialized countries to compensate Africa's health systems for the damage caused by their recruitment. 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 in the international recruitment of health workers.

Similar concerns have been the focus of bilateral agreements, such as the accord between South Africa and the United Kingdom, signed in 2003, that aims to create partnerships on health education and workforce issues. The pact has reportedly been successful in managing migration of health workers.

See References, page 52.