

Joint Learning Initiative, 'Human Resources for Health: Overcoming the Challenge'

The Report

1. The Joint Learning Initiative's report, 'Human Resources for Health', published in December 2004, is the first attempt at a global overview of health professionals. If the report of the Commission on Macroeconomics and Health (December 2001) forwarded figures for what it would cost to deliver health care across the globe, the JLI report addresses the follow-up and equally significant question what human resources are needed to deliver basic health care.

2. The JLI report is accessible on the web at www.globalhealthtrust.org. This paper summarizes the main findings, drawing heavily on the introductory chapter of the report.

3. 'Human Resources For Health: Overcoming the Crisis' identifies the 'unprecedented double crisis of health' today, namely dramatic setbacks in health and feeble responses to the reversals, 'that unattended will adversely influence the course of global health for the entire century.' Prominent among the new diseases striking the world is HIV/AIDS, and significant among the constraints on responding is the impact of HIV/AIDS on health systems in some of the poorest countries, especially in sub-Saharan Africa. But, the report emphasizes, there are also unprecedented opportunities for responding to these problems, notably unprecedented mobilization of citizens concerned with HIV/AIDS and related issues, and new funding institutions and initiatives. If these opportunities are to be taken, it argues, the global community must focus on mobilizing and strengthening human resources for health, 'the most neglected yet essential building block of good health.'

4. A major theme of the report is global inequity in life chances, due to the disease burden of poor countries. HIV/AIDS is arguably the biggest single factor in this inequity, drastically shortening life expectancy in much of sub-Saharan Africa. However, Eastern European countries have the world's fastest growing HIV rates, driven largely by intravenous drug abuse, and there is cause for alarm in Asia, the world's most populous region. Unless there is immediate and effective action, India and China will soon be the epicentre of the world's largest HIV epidemic.

5. The report's main focus is the global health workforce, which it identifies as being in crisis. In turn, this is contributing to crumbling health systems in many countries. Recent international attention to health systems is welcomed, however it is remarkable how little attention has been focused upon health workers, who are central to the functioning of any health system. Noting that neglect of human resources is an old problem, the report identifies new forces that are buffeting health workers.

6. The first of these threats is the HIV/AIDS pandemic, which itself poses a triple threat. First, AIDS increases the workload and skill demands on health workers. Hospitals, clinics, and community centers are simply being overwhelmed by AIDS patients. Second, in hard-hit countries, large numbers of health workers themselves are falling ill and dying of AIDS. In many cases, the losses of workers due to AIDS is exceeding the new staff graduating from training colleges. Third, health workers have to cope with psychological stress of administering palliative care to the dying, along with the burden of caring of their own sick family and relatives. In addition, the report underlines the fact that the greatest burden of care for those sick with AIDS falls upon women, and that most of these women are unremunerated.

7. The second threat to the workforce of a poor country is emigration to richer countries, pulled by better wages and working conditions. There is a global market for health professionals, which responds to the demand of the wealthy at the expense of the basic needs of the poor. The dense concentration of health professionals in the richest countries indicates that there is in principle no ceiling on the capacity of a society to absorb health care. But this insatiable demand is stripping the poorest nations of their most essential staff. In the middle are countries like South Africa, which export physicians and nurses to

developed countries, and in turn import them from poor sub-Saharan African countries such as Zimbabwe and Ethiopia.

8. Some examples will give a vivid illustration. In Ghana, 604 of 871 medical officers trained between 1993-2002 have left the country. Ghana has lost about 2,500 nurses to Europe between 1999-2002. For its population of 20 million, currently Ghana has 1,842 physicians and 17,196 nurses and midwives. In Uganda an estimated 30% of newly graduated physicians (about 150 physicians per annum), and 10% of 200 newly registered nurses/midwives each year migrate out of the country. Currently Uganda has 1,175 physicians and 2,200 nurses and midwives for its 25 million people. By contrast, according to World Health Organization statistics for 1993, the United Kingdom had 95,395 physicians and 309,379 nurses and midwives for its population of 55 million.

9. These problems come on top of enduring, structural obstacles to the proper development of human resources for health. Human resources is considered low priority and a backwater field. Two decades of health sector 'mis-reforms' have treated health workers as a cost burden, not an asset, imposing ceilings on staff numbers and salaries, while reducing spending on education. The price of this starving of the health sector pipeline is now becoming apparent: Africa simply does not have the people it needs to run its health systems, and cope with the additional challenges of responding to AIDS.

10. The report 'Human Resources for Health' provides powerful arguments why this historic neglect of the workforce is wrong-headed, and why and how it should be changed. 'Human resources are the lynchpin, the keystone, the pivot and the glue of all efforts to overcome health crises and achieve the health MDGs. Only when high-level initiatives, finance, and technologies are matched by an investment in people will the formula for better health for all be complete.'

11. Examining the history of developed nations, the report shows that the doubling of life expectancy among privileged populations in the last century was propelled in part by the transformation of the workforce into a cluster of science-based, formally-organized, well-trained and well-compensated professions. It shows how health workers have spearheaded systems, initiated change, and catalyzed community-driven transformations in health. It is health workers who make all the other inputs into a health system functional: without them, and without their active cooperation, spending on infrastructure and drugs will not be effective. Typically, salaries and training for health workers are two thirds or more of national health budgets.

12. Moreover, unlike other inputs, a health workforce cannot simply be bought on demand. It takes decades to build up a dedicated, professional and effective health workforce: it is an investment.

13. The report presents powerful empirical evidence from across the world, demonstrating the close correlation between the presence of qualified health workers and key health outcomes. It begins to identify a minimum level of health workers needed for delivering basic health care, which is 2.5 per thousand. This indicates that Africa must urgently double its doctors and nurses from 1 to 2 million if it is to achieve minimum health care. And this estimate does not take into account the special needs of rolling out anti-retroviral treatment.

14. How many health workers are there in the world? The current estimate is about 9 million doctors and 16 million nurses and midwives, giving an average world density of 1.4 doctors and 2.6 nurses per 1,000 population. However, many important health workers are not counted, especially community workers, traditional healers and non-medical staff. Their numbers are estimated at perhaps 75 million, giving a total global health workforce of about 100 million.

15. Is this enough? The key issue here is distribution or rather, maldistribution. Europe and North America have only 21 percent of the world's population, but command 45 of the world's doctors and 61 percent of its nurses. Africa which contains about 13 percent of world population has only 3 and 5 percent, respectively, of doctors and nurses. Whereas Africa averages 1.4 workers per 1,000 population, Europe has 10.3 (seven

times more). The national density of doctors ranges from highs of 6.0 per 1,000 in Italy to a low of 0.02 per 1,000 in Liberia. Nursing density ranges from 20.7 nurses per 1,000 population in Norway to lows of just 0.06 nurses per 1,000 in Ethiopia and Uganda (300 times more).

The Report's Recommendations

16. The report 'Human Resources for Health' concludes with some powerful recommendations. The first of these is that initiatives to strengthen the health workforce ' must focus on the national and community levels, with global reinforcement.' It is at the frontline that health is delivered, and success will be achieved. This cannot be achieved with a 'one size fits all' approach: policies and programmes must be specifically tailored for each country. The global responsibility lies in science, information, funds and political commitment.

17. The report recommends that to promote national action and global support for human resources for health, the decade 2006-2015 should be designated ' The Decade of Human Resources for Health.' It will take a decade of investment, the authors argue, for targets to be met.

18. A second key action is to bring together relevant national and regional stakeholders and actors into a global 'Action-Learning Network,' to provide a valuable hub for accelerating exchange and learning on human resources for health. In turn this will assist in creating an environment in which policymakers can begin to see human resources in the health sector as a key social investment, demanding effective policymaking.

19. Addressing the issue of international labour migration of healthworkers, the JLI emphasizes the principle of 'essential national human resources' in the health sector. Thus, rich countries should no longer rely on importing health professionals from poor countries, but should seek domestic self-sufficiency.

20. Noting the critical shortage of human resources for health in Africa, the report calls for an urgent programme of training an additional one million health professionals for Africa. Furthermore, it proposes a Global Health Trust to take forward the agenda of training sufficient health workers for the poorest countries.