

# Healthcare Worker Shortage Crisis in Africa:

*Needed: \$8 Billion over 5 Years for Comprehensive Initiative*

## Fact Sheet

Fall 2007

Health workers are at the core of health systems everywhere. Where there are health worker shortcomings, health systems suffer, resulting in insurmountable preventable deaths and disease. Such is the case now in sub-Saharan Africa where the health worker shortage of over 1 million is truly the bottleneck in AIDS care delivery. The US and other G8 leaders have promised to achieve universal access to HIV/AIDS treatment, prevention, and care by 2010. In order to reach this goal, AIDS activists are calling for the US to invest an additional \$8 billion dollars over 5 years investment for training, retention and support of health workers.

**Ask your senator to co-sponsor S-805 to fund Africans healthcare workers!**

### What is the Scope of the Crisis?

The World Health Organization (WHO) estimates that sub-Saharan Africa faces a shortage of more than 800,000 doctors, nurses, and midwives and an overall shortage of 1.5 million healthcare workers.<sup>1</sup>

The Americas	Sub-Saharan Africa
14% of the world's population	11% of the world's population
10% of the global burden of disease	25% of the global burden of disease
42% of the world's health workers	3% of the world's health workers
>50% of global health expenditure	<1% of global health expenditure

Source: WHO, 2006<sup>2</sup>

- In Africa, a mere 3% of the world's health workers struggle against all odds to combat 24% of the global disease burden<sup>1</sup>
- In Malawi, only 10% of the physician slots are filled while 10 people die every hour of AIDS in the country<sup>3</sup>
- Out of the 1200 physicians trained in Zimbabwe from 1990 to 2001, only 360 remain<sup>3</sup>
- More than 3000 nurses from African nations migrated and registered in the United Kingdom in 2002-2003<sup>4</sup>
- Ghana has lost 69% of physicians, 25% of nurses, and 42% of pharmacists which graduated between 1993-2002<sup>5</sup>
- Ethiopia's public health sector is losing about 9.6% of their physicians every year to both the private healthcare sector and to other countries<sup>6</sup>

### What is driving the Healthcare Worker Shortages?

Although particular causes of shortages vary by country, there are common threads:

- **Brain-Drain**, or the emigration of trained and talented individuals to other nations or jurisdictions, is a major and complex issue, and is driven by systemic failures of policy and practice. In Ghana, research indicates that 50% of graduates of medical schools emigrate within 5 years, and 75% within 10 years. Active recruiting by wealthy nations pull trained health care workers out of Africa.
- **Broken Health Systems**, though, are the key factor in the shortage. Faced with very overwhelming patient loads, poor and unsafe working conditions, and not enough supplies and technology to do their jobs, is it a surprise that many who would like to stay feel they must leave Africa? And wealthy countries are not investing the resources to change this situation or replace the health workers recruited to meet our needs.
- **Low Prioritization of Community Health Workers**—these family and community members do the bulk of care-giving in many nations—and fill some of the massive gaps, but receive little or no compensation.

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## What is driving the Healthcare Worker Shortages? (cont.)

- **Poor Economic Policy** is a major driver of this brain drain. For decades international economic institutions have forced impoverished nations to adapt policies that dismantle existing public health systems and prevent the development of new infrastructure. The International Monetary Fund (IMF) is among the most problematic—imposing policies that require a public sector “ceiling” that prevents countries from hiring enough health workers or paying them enough to retain them.
- **HIV/AIDS** also has a massive direct effect the health workforce. In South Africa, it is conservatively estimated that 16% of the existing health worker force is HIV+ and in Malawi the government figures they will lose nearly 3% of their workforce each year to the disease.

## What will the \$8 billion initiative provide?

### **A comprehensive plan to train, sustain, and retain health care workers in Sub Saharan Africa:**

- National plan for the health workforce and an increase in the number of health workers in all countries with serious shortages
- Trained, supported and paid community health workers
- Some simple health care tasks now assigned to highly skilled personnel will be delegated to less skilled workers able to deliver them competently
- Protection and fairer treatment of health workers, such as access to effective HIV prevention and treatment
- More direct investment in the training and support of health workers
- Encouragement of women to enter health professions.
- Health worker training and development of career incentives to encourage service in rural and disadvantaged areas,
- Better strategies to more actively engage communities and patients in their own health

## Why Is Fall '07 such a crucial time?

There has been a lot of momentum around the issue recently, with key players such as former President Clinton, and the World Health Organization acknowledging that something huge must be done to address this bottleneck. This must be a campaign issue for '08 and a crucial part of PEPFAR reauthorization. There is currently legislation in Congress addressing the crisis (see below). We need more cosponsors on the bill, the funding levels need to increase, and it needs to be passed. With all of our voices united on this issue, will we make a difference!

**Durbin Senate Bill 805** — Dick Durbin (D-IL) introduced the African Health Capacity Investment Act of 2007 (S. 805) in March, which focuses on recruiting and training an expanded health workforce and assembling a coordinated US plan to address the issue. This bill recently passed the Senate Foreign Relations Committee unanimously, but must pass on the Senate and House floors and be signed by the President. While the current version of this bill entails a smaller financial commitment than the total need, its articulation of principles in tackling these issues is commendable and a crucial first step in educating the rest of Congress on a comprehensive approach to addressing the health care worker shortage. Call your senator today!

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1 World Health Organization, *World Health Report 2006: Working Together for Health* (2006), at 8, 12-13. <<http://www.who.int/whr/2006/en/index.html>>

2 World Health Organization, *The Global Shortage of Healthcare Workers and its Impact*. Apr 2006 (19 Oct 2006)  
<<http://www.who.int/mediacentre/factsheets/fs302/en/index.html>>

3 Physicians for Human Rights, *PHR and Africa Health Professionals Discuss Bold Solutions to Solve the Health Worker Shortage*. 16 Aug 2006 (19 Oct 2006)  
<[http://www.phrusa.org/campaigns/aids/news\\_2006-08-16.html](http://www.phrusa.org/campaigns/aids/news_2006-08-16.html)>

4 James Buchan & Delanyo Dovlo, *International Recruitment of Health Workers to the UK: A Report for DFID* (2004)  
<[http://www.healthsystemsrc.org/publications/reports/int\\_rec/int-rec-main.pdf](http://www.healthsystemsrc.org/publications/reports/int_rec/int-rec-main.pdf)>

5 Ministry of Health, presented by Dr. Kofi Ahmed, Chief Medical Officer, at meeting on Ghana Health Worker Migration and the Need to Strengthen Local Health Systems, March 8, 2006, Accra, Ghana

6 Gilbert Kombe, et al., *The Human and Financial Resource Requirements for Scaling Up HIV/AIDS Services in Ethiopia* (Feb. 2005) at 8.  
[http://www.phrplus.org/Pubs/Tech059\\_fin.pdf](http://www.phrplus.org/Pubs/Tech059_fin.pdf)

Some information adapted from SCAC materials. Thank!