



July 8, 2005

Contact:  
Kate Krauss  
617-301-4240  
215-939-7852 cell  
[kkrauss@phrusa.org](mailto:kkrauss@phrusa.org)  
Barbara Ayotte  
617-301 4210  
617-549-0152 cell  
[bayotte@phrusa.org](mailto:bayotte@phrusa.org)  
[www.phrusa.org](http://www.phrusa.org)

**Available for Comment:**  
Lincoln Chen, MD MPH  
Harvard University  
  
Paul Davis  
HIV/AIDS policy analyst  
Health GAP  
  
Eric A. Friedman, J.D.  
HIV/AIDS Policy Analyst,  
Physicians for Human Rights

## ***G8 STATEMENT AFFIRMS RESPONSIBILITY TO ADDRESS AFRICA'S HEALTH WORKER CRISIS***

*NGOs release plan, cost*

"The core aims for education and health are stated in the UN Millennium Declaration. ...We will work to achieve these aims by investing in improved health systems in partnership with African governments, by helping Africa train and retain doctors, nurses and community health workers. We will ensure our actions strengthen health systems at the national and local level and across all sectors since this is vital for long-term improvements in overall health, and we will encourage donors to help build health capacity."—G8 Statement, July 8, 2005

The G8 has endorsed for the first time the idea that Western countries have a **responsibility** to invest in African health systems; to train doctors, nurses, and community health workers; and to help build capacity if African nations are to achieve the Millennium Development Goals (MDGs). MDGs are internationally agreed upon targets that include large reductions in maternal and child mortality and improved control and treatment of major diseases. Progress toward these goals will be evaluated at a September United Nations meeting in New York.

The G8 statement, however, failed to devise a plan to alleviate the crisis or specify a sum of money which must be committed to the problem. There has been increasing momentum regarding this issue in recent months, with Prime Minister Tony Blair's Commission for Africa report calling for a tripling of the health workers in Africa and Secretary General Kofi Annan's petition last week for one million new health workers for the continent. Last week, the British Medical Journal published an editorial urging the United Kingdom, the United States, and other rich countries to become self-sufficient in their health worker requirements to remove their need for health workers from the Global South.

"G8 countries have a legal and ethical responsibility to invest money to rebuild the health workforce in Africa," said Eric A. Friedman, PHR's HIV/AIDS policy analyst. "Working with African countries, the G8 must make a plan, with a budget and a timeline, for fixing this problem. "The G8 communiqué, while a useful statement of principle, falls far short of this. It will now be up to every G8 President and Prime Minister, Congressperson and Parliamentarian to turn the broad G8 commitment into actions – and dollars – required for every country in Africa to develop the health workforce and health systems necessary to meet international health goals."

Groups including Physicians for Human Rights ([www.phrusa.org](http://www.phrusa.org)), Health GAP ([www.healthgap.org](http://www.healthgap.org)), the Joint Learning Initiative (<http://www.globalhealthtrust.org/JLI.htm>), and the Global Health Council (<http://www.globalhealth.org/>) have worked closely to develop an estimate of how much money will be needed to redress the situation. The groups are calling for a global investment of US \$2 billion in 2006, rising to \$7.7 billion in 2010 by all donors, and have calculated the U.S. share as being one-third of the sum needed, or \$650 million for 2006, rising to \$2.6 billion in 2010. US spending could focus on countries funded under the President's Emergency Plan for AIDS Relief. The figures were calculated by a group that included Lincoln C. Chen, MD, MPH, the Director of the Harvard University Global Equity Initiative and co-chair for coordination of the Joint Learning Initiative (JLI); Paul Davis of Health GAP; and Eric A. Friedman, JD, Policy Analyst for Physicians for Human Rights.

Right now in Africa, a mere 1.3% of the world's health workers struggle to care for people suffering 25% of the global disease burden. In Malawi, only 10% of the physician slots are filled, while 10 people die every hour of AIDS. Across Africa AIDS has killed thousands of health care workers, and large numbers of doctors and nurses are migrating to the West, driven out by impoverished health care systems and lured by elaborate recruiting packages by hospitals in G8 countries. For example, while 1200 physicians were trained in Zimbabwe during the 1990s, by 2001 only 360 remained. More than 3,000 nurses from African nations migrated to the United Kingdom in 2002-2003.

The investments in the costing estimate include:

- Salaries, benefits, and incentives (including salaries and benefits for new health workers, improved salary packages, and economic incentives to encourage health professionals to work in rural and other underserved areas)
- Expanded health worker pre-service training capacity and development of continuous learning and professional development opportunities
- Human resource management and planning
- Training and support for community and home caregivers
- Improving health workplace safety (including universal precautions and other forms of infection prevention and control, post-exposure prophylaxis, psychosocial support, and HIV prevention programs)
- Regional and global support and learning for health workforce strengthening

PHR observes that the removal of debt from African countries is also key to helping countries reach Millennium Development Goals.

- See PHR's report, "An Action Plan to Prevent Brain Drain," <http://www.phrusa.org/campaigns/aids/pdf/braindrain.pdf>
- See Cost Analysis for Health Care Workers for Sub-Saharan Africa: <http://www.phrusa.org/campaigns/aids/healthworkers/>

**Physicians for Human Rights**

*Founded in 1986, Physicians for Human Rights (PHR), based in Boston, MA, advances health and dignity by protecting human rights. Health Action AIDS, a project of PHR, mobilizes health professionals to support a comprehensive AIDS strategy and advocates for funds to combat the disease. It develops ways for US health professionals to support colleagues and activists around the world and researches the connection between human rights and HIV/AIDS. As a founding member of the International Campaign to Ban Landmines, PHR shared the 1997 Nobel Peace Prize.*

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