

Finding healing hands: the global health workforce shortage

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The African region has 24% of [disease] burden but only 3% of health workers, commanding less than 1% of world health expenditure[1].

There is a worldwide shortage of nearly 4.3 million doctors, nurses, midwives, community health workers and pharmacists, with a further 20 percent more needed in the next two decades[1]. Most of these shortages can be attributed to changing health needs, broad systemic factors and a fluid labour market[1]. In this rapidly shifting 'healthscape', just where, and how, are we expected to find this many healing hands?

The human immunodeficiency virus (HIV) epidemic in Sub-Saharan Africa exemplifies the impact changing disease patterns have on workforce needs: research predicts that Tanzania will require 60% more health staff, while Chad will require 300% more health care workers due to increased healthcare needs and the reduction in workforce personnel due to personal HIV-related illness or death[1]. In other settings longer life expectancies and improved treatments translate into increased chronic disease with attendant healthcare requirements and health worker skill deficits[2]. An ageing, and retiring, healthcare workforce creates further problems in other countries: in two years, the United States will not have enough health care workers to meet demand[3].

Health system factors such as health sector financing, increased technology use and changing consumer preferences have also resulted in health worker deficits. For example, past structural adjustment programs capping investment in public health sector employment has meant that there are now too few trained health workers in some countries[1]. Availability of, and increased patient demand for, newer procedures and investigations has also increased workload in every setting.

Other countries are simply unable to train enough workers due to resource limitations: Ethiopia trains about 200 doctors a year for a population of about 75 million. In comparison, the United Kingdom trains more than 6,000 doctors for a population of about 60 million[4]. Globalization of the health workforce also means that many countries face serious shortages as the skilled workers that they have trained seek employment in nations with improved work conditions or pay scales[5]. In Canada nearly one quarter of the medical workforce are overseas trained workers[6] and recent initiatives such as those by the Ontario Government to change legislation that currently restricts international graduates will likely increase this number [7]. However, reported data suggest that African-born doctors and nurses working in OECD countries account for less than 12% of the total estimated shortages in Africa[8].

Following the release of the World Health Report in 2006 ("Working together for health")[1] and the World Health Assembly Resolution 59.23 - calling on all member States to contribute to a rapid scaling up of health worker production - the Global Health Workforce Alliance was formed to address the health care worker crisis.

This year the GHWA released guidelines on both financial and non-financial incentives encouraging health professional retention such as tax waivers, allowances (eg. housing, clothing, child care), performance payments, flexible employment arrangements and career development support[5]. They also released "Scaling up, Saving Lives", a report reviewing measures to rapidly scale up education and training of health workers based

on the practical experience of countries and research from around the world[8]. The latter report - released at the “Global Forum on Human Resources for Health” in Uganda – also contributed to the Kampala Declaration and Agenda for Global Action (see textbox 1) (The Declaration can be seen at http://www.who.int/workforcealliance/forum/2_declaration_final.pdf).

In addition to workforce information systems, data outlining successful efforts in staff training, cross-sectoral collaboration and implementation of new work practices are required. To this end, eighteen cross-sectoral journals (see on-line Appendix 1) have collaborated to publish manuscripts between June and August this year on broad topics including working with the private sector, regulation of health education and practice, changing labour market dynamics, training teams for health care provision, and changing skills mix and roles of health workers[9]. As researchers, users and workers in healthcare systems we encourage you to seek out these articles, engaging in and generating debate on this truly global problem.

References

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The Kampala Declaration calls for:

- government stewardship
- an appropriate skill mix
- accreditation and regulatory systems for health worker training
- improved cross-sectoral leadership and management capacity
- adequate incentives and working environments to encourage staff retention
- relaxed macroeconomic constraints on health workforce training
- dependable, sustained and adequate financial support for health worker training
- the creation of health workforce information systems to support evidence-based decision-making

Online Appendix 1

Collaborating Journals

American Journal of Public Health <http://www.ajph.org>

Archives of Iranian Medicine <http://www.ams.ac.ir/AIM/index.html>

Croatian Medical Journal <http://www.cmj.hr>

Education for Health <http://www.educationforhealth.net>

Human Resources for Health <http://www.human-resources-health.com>

International Nursing Review <http://www.blackwellpublishing.com/inr>

Leadership in Health Services <http://www.ingentaconnect.com/content/mcb/211>

Journal of the Brazilian Association of Medical Schools

New Zealand Medical Journal <http://www.nzma.org.nz/journal>

Nursing Ethics <http://www.sagepub.co.uk>

Online Brazilian Journal of Nursing <http://www.uff.br/objnursing>

Open Medicine <http://www.openmedicine.ca>

Papua New Guinea Medical Journal <http://www.pngimr.org.pg/medicaljournals.htm>

PLoS Medicine <http://www.plosmedicine.org>

Progress in Community Health Partnerships <http://pchp.press.jhu.edu>

Public Health <http://intl.elsevierhealth.com/journals/pubh/>

South African Medical Journal http://www.journals.co.za/sama/m_samj.html

Sudanese Journal of Public Health <http://www.sjph.net.sd>