Global Shortage of Health Workers and its Impact

Who are health workers?

Health workers are all people whose main activities are aimed at enhancing health. They include the people who provide health services -- such as doctors, nurses, pharmacists, laboratory technicians -- and management and support workers such as financial officers, cooks, drivers and cleaners. Worldwide, there are 59.8 million health workers. About two-thirds of them (39.5 million) provide health services; the other one-third (19.8 million) are management and support workers. Without them, prevention and treatment of disease and advances in health care cannot reach those in need.

Extent of the shortage and its consequences

Fifty-seven countries, most of them in Africa and Asia, face a severe health workforce crisis. WHO estimates that at least 2 360 000 health service providers and 1 890 000 management support workers, or a total of 4 250 000 health workers, are needed to fill the gap. Without prompt action, the shortage will worsen.

Health workers are inequitably distributed throughout the world, with severe imbalances between developed and developing countries. This global workforce shortage is made even worse by imbalances within countries. In general, there is a lack of adequate staff in rural areas compared to cities.

Sub-Saharan Africa faces the greatest challenges. While it has 11 percent of the world's population and 24 percent of the global burden of disease, it has only 3 percent of the world's health workers.

There is a direct relationship between the ratio of health workers to population and survival of women during childbirth and children in early infancy. As the number of health workers declines, survival declines proportionately.

World distribution of health workers

The health workforce in the Americas versus sub-Saharan Africa

<table>
<thead>
<tr>
<th>The Americas</th>
<th>Sub-Saharan Africa</th>
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<tbody>
<tr>
<td>14% of the world's population</td>
<td>11% of the world's population</td>
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<tr>
<td>10% of the global burden of disease</td>
<td>25% of the global burden of disease</td>
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<tr>
<td>42% of the world's health workers</td>
<td>3% of the world's health workers</td>
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<tr>
<td>&gt;50% of global health expenditure</td>
<td>&lt;1% of global health expenditure</td>
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Source: WHO, 2006

A threat to global health

Pressing health needs across the globe cannot be met without a well-trained, adequate and available health workforce.
Millennium Development Goals (MDGs)

The MDGs are a blueprint agreed to by countries and leading development institutions to meet the needs of the world’s poorest people. The health-related MDGs aim to reduce child mortality, improve maternal health, combat HIV/AIDS and other diseases such as tuberculosis and malaria, and ensure access to essential medicines. The health worker shortage has been a major impediment to making progress on meeting these goals.

Outbreaks

Recent concern about the threat of avian influenza has drawn attention to the devastating impact a global pandemic could have, given the current shortage of health workers, combined with their insufficient preparedness and often poor working conditions.

Natural disasters

Sudden catastrophic events can quickly overwhelm local and national health systems already suffering from staff shortages or lack of funds.

Conflicts

Conflict often causes severe and long-lasting damage to the health workforce. Qualified personnel may be killed or forced to abandon their jobs. In protracted conflicts, a number of trends generally emerge: civilian workers flee health centres and hospitals in dangerous areas, and those in safer areas become overstaffed; management systems collapse; working environments deteriorate; and professional values are eroded.

Care of the chronically ill

Ageing populations and a steep increase in chronic diseases worldwide are placing new demands on a health workforce that is already inadequate and itself ageing, and whose numbers are stagnating.

TACKLING THE CRISIS: WHAT IS NEEDED

- **More direct investment in the training and support of health workers.** Initial funds will be for training more health workers. As they graduate and enter the workforce, more funds will be needed to pay their salaries. To educate and pay the salaries of the four million health workers needed in the 57 countries with severe shortages, health budgets will have to increase at least US$ 10 per person per year by the year 2025. To meet that target within 20 years is an ambitious but reasonable goal.

- **A national plan for the health workforce and an increase in the number of health workers in all countries with serious shortages.** That will take political leadership, a comprehensive plan for an effective health workforce, and commitment of the necessary funds. Funding must not only cover health service providers, but also the management and support workers who provide crucial services to the health system. Governments also need to invest in training existing health workers, to keep them up to date with changing priorities.

- **More efficient use of the existing health workforce.** Simple, inexpensive
measures like improving management and supervision and writing clear job descriptions would help. Another helpful strategy is "piggy-backed" services -- meaning that workers delivering one specific service, such as a vaccine during an immunization campaign, can simultaneously deliver others, such as a needed dose of vitamins.

- **Some simple health care tasks now assigned to highly skilled personnel delegated to less skilled workers able to deliver them competently.** With sufficient supervision and support, volunteers, community health workers and workers, with limited training can improve efficiency of health services.
- **Protection and fairer treatment of health workers.** They face difficult and often dangerous working conditions and poor pay in many developing countries.
- **Access to effective HIV prevention and treatment for all health workers.** HIV has disproportionately affected health workers in many countries. It is vital that they receive these services under confidential conditions.
- **Encouragement of women to enter health professions.** Their needs should be accommodated through flexible work arrangements and leadership career tracks adapted to family life.
- **Decreased incentives for early retirement.** Countries with serious shortages also should provide opportunities for retirees to go back to work.
- **Comprehensive preparedness plans in every country for a workforce response to outbreaks and emergencies.** They should include plans for how health workers will collaborate with staff in the military, transport and education sectors to maximize the efficiency of scarce human resources.
- **In conflicts, reassignment of health workers to areas in need.** Workers given such assignments need protection and support; and international donors and other major actors need to take measures to protect existing health worker networks.
- **Orientation of health worker training and development of career incentives to encourage service in rural and disadvantaged areas.** These actions would help counteract the tendency of health workers to cluster around cities.
- **Better strategies to more actively engage communities and patients in their own health care.** Partnerships between patients and health workers can improve the quality of care and health outcomes.