

Finding healing hands: the global health workforce shortage

SALLY MURRAY

Sally Murray is an associate editor of *Open Medicine*.

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“The African region has 24% of the 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; this need is expected to increase by a further 20% within the next 2 decades.¹ Most of these shortages can be attributed to changing health care 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 that changing disease patterns have on workforce needs: research predicts that Tanzania will require 60% more health care workers, while Chad will require 300% more because of increased health care needs together with a reduction in the health care workforce resulting from HIV-related illness or death within their own ranks.¹ In other settings, longer life expectancies and improved treatments translate into increased chronic disease with attendant health care requirements and health worker skill deficits.² An aging, and retiring, health care workforce creates further problems in other countries: within 2 years, the United States will not have enough health care workers to meet anticipated demand.³

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

Other countries, because of their resource limitations, are simply unable to train enough workers: Ethiopia trains about 200 doctors a year for a population of about 75 million. In comparison, the United Kingdom trains more than 6000 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 After the release of the World Health Report for 2006¹ 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 to promote health professional retention such as tax waivers, allowances (e.g., 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 the 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).

Textbox 1: The Kampala Declaration

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

For the complete text of the Declaration, see:

www.who.int/workforcealliance/forum/2_declaration_final.pdf

In addition to the development of workforce information systems that support robust data collection on workforce status, data outlining successful efforts in staff training, cross-sectoral collaboration and the implementation of new work practices are needed. To this end, 18 cross-sectoral journals (see [Online 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 health care systems we encourage you to seek out these articles, engaging in and generating debate on this truly global problem.

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