

Health Workforce

Background

To strengthen health systems, the Global Health Initiative must invest in health workers in low income countries. Severe shortages of health workers – a shortfall of 4.3 million health workers in countries with the greatest shortages, including about 1.5 million in sub-Saharan Africa¹⁰⁸ – are a major obstacle to scaling up quality health services. In Africa, 3% of the world’s health workers struggle to combat 24% of the global disease burden with less than 1% of the world’s health expenditures.¹⁰⁹ Other critical workforce problems include dramatic internal inequities in health worker distribution and unsafe working conditions.

WHO has stated that countries that do not reach a certain threshold of health workers are “very unlikely” to reach the Millennium Development Goals.¹¹⁰ A top World Bank official described the “desperate shortage” of health workers as the “most difficult challenge” in implementing HIV/AIDS treatment programs.¹¹¹ WHO and others report that “the evidence from many developing countries with massive deprivation where maternal mortality is high suggests that the sheer absence of staff and facilities is the most substantial barrier to progress.”¹¹² Even 73% skilled birth attendance coverage by 2015 will require 334,000 additional nurse-midwives and the equivalent of 27,000 physicians providing back-up care.¹¹³

U.S. investments in the health workforce are growing, particularly through PEPFAR. The Lantos-Hyde Act set the target of training and supporting the retention of at least 140,000 new health professionals and paraprofessionals. USAID’s maternal and child health program plans, by 2013, to increase the number of community health workers by at least 100,000.¹¹⁴

President Obama has recognized the centrality of the health workforce to strengthening health systems¹¹⁵ and during the presidential campaign, pledged to increase the number of health workers by at least 1 million.¹¹⁶ The GHI should build on President Obama’s pledge and existing U.S. commitments to significantly strengthen the health workforce in developing countries.

Targets

The U.S. should live up to its pledges and targets to support, by 2015:

- Increasing the health workforce in developing countries and supporting the retention by at least one million new health workers by 2015; and
 - This includes the PEPFAR target of at least 140,000 new professionals and paraprofessionals and the USAID MCH plan for 100,000 new community health workers. Maternal health programs should expand their focus from community health workers to also include new skilled birth attendants, as well as new clinical officers and specially trained nurse-midwives who can provide back-up emergency obstetric care;
 - The one-million new health worker figure, which would include health workers still in the training pipeline in 2015, is based on President Obama’s campaign pledge. It is also approximately one-quarter of the global need of at least 4.3 million more health workers, and thus largely consistent with the U.S. share of the global economy based on gross national income; and
 - This target should include the full range of health workers, including community health workers, paraprofessionals, and

professionals. Health workers produced and deployed should be based on country priorities, and should include a substantial number of health professionals.

- Prioritize efforts to promote equitable distribution of health workers and equitable access to health services.
 - Through educational strategies, incentives, and other measures, the United States should endeavor to have these new health workers deployed predominantly in rural and other underserved areas;
 - As countries engage in rapid scale-up of health worker production, they will need support to recruit qualified faculty and build new facilities. GHI should assure quality during this scale-up, such as by supporting school accreditation, faculty training and mentoring, and quality facilities; and
 - Achieving this target should occur in concert with investments in existing health workers to help retain them and enhance their equitable distribution, effectiveness, and efficiency. Along with direct workforce investments, this will require additional U.S. investments in health systems, including enabling health workers to have sufficient medicines, supplies, equipment, and information. The United States should also support countries in developing health workforce plans based on need and grounded in human rights and, along with new U.S. investments, should support governments in securing funds required to fully implement these plans.

Costs

The funding needed for one-million new health workers in Table 7a is derived from the WHO report to the High Level Taskforce on Innovative International Financing for Health Systems.¹¹⁷ WHO calculated the costs of training and employing nearly 3.48 million new health workers needed in 49 low-income countries¹¹⁸ and incentives to support their retention and rural placement. The incentives also covered current health workers. The estimate for one million health workers is thus approximately 29% of the WHO costing estimates.

Table 7a: Annual Global Resource Needs for 1 Million New Health Workers (US\$ Billions)							
	2009	2010	2011	2012	2013	2014	6-Year Total
Total for 3,476,569 new health workers	3.28	5.31	7.24	9.30	10.61	12.33	48.07
U.S. Share: 1 million new health workers	0.94	1.53	2.08	2.67	3.05	3.55	13.82

The GHI, as a conservative estimate, should include approximately \$14 billion for strengthening and expanding the health workforce in developing countries. The incentives to support retention and rural placement—50% of salary—may be insufficient to reflect actual needs. Additionally, the costing does not include other investments to improve retention, distribution, and effectiveness of new and current health workers, such as investments in basic health infrastructure, health workplace safety, and improving supervision and other aspects of health leadership and management, which the GHI should also support.

A portion of these *additional* costs to reach the goal of 1 million new health workers is accounted for within the health area-specific costing estimates relied upon in this paper. Done well, each of the health areas touched on by this paper require recruiting, training, and retaining new health workers. As such, we have reduced the yearly estimates here to account for this “overlap”—which comes largely from the HIV/AIDS¹¹⁹ and Reproductive, Maternal, and Child Health estimates.¹²⁰

Reducing the above figures for these two overlaps for 2011-2014, and including no funding for 2009 and 2010 under the assumption that U.S. investments in health workforce strengthening are covered elsewhere in this document, the additional health workforce investments are:

Table 7b: Annual Global Resource Needs for 1 Million New Health Workers (US\$ Billions)							
	2009	2010	2011	2012	2013	2014	6-Year Total
U.S. Share minus overlap	0	0	1.55	2.04	2.34	2.75	8.68

Needed Policy Changes: Health Workforce

A key set of policy changes are needed to ensure that the global health workforce and the Global Health Initiative can be most effective:

Ensure Safe Working Conditions

- The GHI should establish a policy of ensuring safe working conditions for all health workers who participate in U.S. global health programs, including ensuring that they all have the equipment and training required to implement universal precautions and other forms of infection control, including safe injecting equipment.

Provide Health Care for Health Workers

- The GHI should ensure that all health workers who participate in U.S. global health programs have access to confidential health services, including HIV prevention, care, and treatment.

Provide Salaries

- The GHI should establish clear, government-wide policy that the United States can pay health worker salaries, including in the public sector.

Address Stigma and Discrimination

- The GHI should incorporate modules that address stigma, discrimination and mistreatment of women, people living with HIV/AIDS, and other marginalized populations within U.S. health worker training programs.

Train and Integrate Community Health Workers

- The GHI should ensure that community health workers who are part of U.S. global health programs receive fair compensation, regular supervision, adequate initial and on-going training, necessary supplies

and other materials, career paths, and are integrated into the formal health system with the capacity to effectively refer patients to health facilities. Coordination among U.S. global health programs, other governments and partners is critical so as to prevent community health workers with more responsibilities than they can fulfill.

Ensure Ethical Recruitment Practices

- The GHI should support laws and regulations to curtail recruitment from developing countries suffering health worker shortages—except as may be permitted through mutually beneficial agreements—and discourage policies that would accelerate health worker migration to the United States from these countries. Instead, the United States should develop a national health workforce plan aimed at greater health workforce self-sufficiency by prioritizing training, recruiting, and retaining sufficient numbers of domestically-trained health workers.

Ensure Additionality of Workers and Funding

- The GHI should ensure that health workforce investments create additional health workers and that health workforce funding is additional to—rather than a substitute for—needed domestic investments. In some instances, overly restrictive macroeconomic policies could restrain total spending on the health workforce, and will need to be challenged to allow needed investments from both donor and domestic sources.