

Human resources for health

Engage, employ, retain

The diminishing number of health professionals in Africa is a serious concern for health system strengthening, especially as many countries on the continent are engaging in implementing universal health coverage (UHC).



Prof Morgan Chetty,
Visiting Prof: Health Sciences,
DUT chairman, IPAF, CEO: KZNDHC

EMPLOYMENT AND RETENTION

strategies cannot be discussed in isolation. The issues are interlinked with education and production of human resources for health (HRH), recruitment, brain drain and retention strategies. This is pertinent to Africa as a continent and very relevant to South Africa, where NHI implementation is imminent.

Despite having the world's largest disease burden, Africa has the lowest ratio of health workers per population. It is estimated that global shortage of health workers will expand from 12 million to 18 million by 2030, with a six million shortage in Africa.

In 2022, the continent had 3.6 million healthcare workers across 47 countries. This translates to 1.55 physicians, nurses, and midwives per 1000 population (BMJ Global Health Report) Africa needs 4.45 physicians, nurses, and midwives per 1000 population, which is the threshold seen necessary for UHC.

At 37%, nurses make up the largest share of healthcare workers in Africa according to the BMJ study; while just 9% are medical doctors; 10% are laboratory personnel; 14% are community workers; 14% other healthcare workers and 12% administrative and support staff.

Africa has a disproportionate distribution of resources, with a rural density and inequity of distribution.

Key challenges to Africa healthcare system and South Africa:

- Growing burden of infectious diseases and NCDs
- Health infrastructure that remains undeveloped compared to those of high-income countries (HICs)
- As stated, a high percentage of people living in rural areas (about 58% of the population).

Sub-Saharan population and economies are growing at an unprecedented speed, with a population growth of 2.7% annually and economic growth of 4.4% annually. Africa has the fastest growing middle class in the world, with 313 million (roughly the population of the US and 34% of the African population).

Based on the present trajectory, and to reduce the current shortages of health workers, Africa will need to educate and train three million additional health workers by 2030, to reach the SDG goals.

In addition, the healthcare needs are changing from that of infectious diseases and maternal and child health to a new agenda of chronic healthcare

and non-communicable diseases. These new diseases will need different types of healthcare workers, including specialty nurses and physicians. Such care is technology-heavy and will need specific equipment and biotechnicians.

What is important as we engage in UHC is to find solutions to our shortage of healthcare workers. Several strategies are advocated: Educating more healthcare workers, recruiting health workers, preventing brain drain [outward migration of health workers] and retention of health workers.

EDUCATION AND TRAINING OF HEALTHCARE WORKERS

Africa has some of the worst high school graduation rates, as such Africa will be challenged to train enough healthcare workers to meet its needs. To increase graduates is a long-term strategy. There is a need to work through an Intersectoral approach and relevant ministries and parastatals (health, education, finance and parastatals).

There is also a need to match competencies with the population needs:

- Production and recruitment to align with demand (numbers and skill mix)
- Availability and appropriately skilled workers to achieve UHC.

There is a need for additional harmonising of curricula, education standards, accreditation and professional requirements across all levels and sectors.

High on the list of sub-Saharan Africa is to retain tutors to ensure training of a fit for purpose health workforce to deliver integrated care. There is a need to ensure infrastructure for quality training is in place and enrolment processes based on gender, and other equity consideration. In the process of selecting students, there is a need to consider socio-demographic factors to ensure retention after graduation. Tutors should have relative experience and qualifications. African countries should fund the need to increase its own human resources for health, rather than be solely dependent on international aid.

EMPLOYMENT AND RETENTION OF HEALTHCARE WORKERS

Employment and retention strategies cannot be discussed in isolation. These issues are interlinked and often share the same common causes. This is also very relevant to South Africa as we engage in the implementation of NHI. We have a unique dynamic in the health sector. The country

possesses a parallel public and private health system which is essentially unequal.

The private sector is well-resourced with a stable though expensive health platform. Approximately 40% of the GPs and nurses work in the private sector. There are numerous reasons cited for this.

Private sector:

- Provides more opportunities
- Higher salaries/earnings
- Better resourced and sustainable health platforms.

Public sector:

- Resource deficient
- Poorly equipped
- Under-resourced and fragile health platforms characterised by high patient loads, poor remuneration, poor and unsafe accommodation, low healthcare worker density ratios.

The challenge is to attract healthcare workers to the public sector and then retain them. To this end, the National Department of Health has embarked upon several strategies to help with employment and help retain health workers in the public sector.

FINANCIAL INCENTIVES

The Government has introduced Occupational-Specific Dispensation.

- Unique list of salary structures against various government jobs. This has reduced the pay gap between the public and private sectors
- Higher remuneration plus overtime allowances
- Rural and metropolitan specific contracts.

Benefit packages include jobs with medical aid and pension plans and housing subsidies and improved working conditions. The increased benefits are worth 40% of the salary. These benefit packages have had a positive effect on the preferences and support retention in the public sector.

There are some conflicting results as they do not apply to all African countries. These include satisfaction with remuneration, basic living, and working conditions, the infrastructure resources, and opportunities. Each country will adjust appropriately against the extent of impact of respective challenges.

BRAIN DRAIN

The WHO raised the alarm over increased healthcare workers migration to rich countries post-pandemic. A new WHO report states that eight more countries in the global south have dangerously low

numbers of healthcare workers in the wake of the Covid-19 pandemic.

The WHO 2023 report on 'Health Workforce Support and Safeguards' found that some 55 countries now rank below the global medium in terms of their density of doctors, nurses and midwives per capita. This is in comparison to 42 countries in 2020 when the last report was produced based on data collected just prior to the outbreak of the Covid-19 pandemic. The WHO report series tracks countries where the number of professionally trained healthcare workers fall below the global median of 49 per 10 000 population.

Outward migration of healthcare workers from low- or middle-income countries in search of better wages and working conditions is a long-standing issue, which has only become serious as the global workforce became more mobile generally.

South Africa has a dual healthcare system, and paradoxical surplus of qualified health professionals who cannot seek employment within the country. This results in the absolute need to seek employment elsewhere and leads to migration between the public and private sectors. Therefore, there is a need in Africa to prevent migration by instituting strategies that address the specific causes of the outward migration of healthcare workers.

NURSES

In 2020, the International Council of Nurses estimated that there is a global shortage of six million nurses and the effects of Covid-19 will drive health worker migration from the low- and middle-income countries. The WHO report on the state of the world's nursing profession, published in the same year, estimated that one in eight nurses globally have emigrated from elsewhere.

CONCLUSION

Increasing health worker graduates is a long-term strategy. As we embark on UHC and NHI, there is the need for tactical measures. There is a need to task shift, and Government needs to be flexible to ensure less qualified health providers are skilled to contribute and grow their credentials on the job.

We need to optimise the use of nurse assistants, physician assistants, dental assistants, pharmacy assistants and community health workers. Higher qualified health professionals must adopt an oversight role and be allowed to work at the top of their license, till a strategy to increase human resources for healthcare to meet the needs presented with the implementation of UHC. **MC**