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**GLOBAL STRATEGY ON HUMAN RESOURCES FOR HEALTH: PERSPECTIVES
FROM THE AFRICAN REGION**

Report of the Secretariat

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BACKGROUND

1. The availability, accessibility, acceptability and quality of human resources for health (HRH) are crucial for the delivery of essential health services, including emergency preparedness and response. The current Ebola crisis has demonstrated that in the absence of an effective health system, including well-trained HRH, an epidemic can spread rapidly, causing enormous human suffering and economic loss. A resilient and flexible health system that is capable of responding to emerging health challenges should have at its core a substantive and sustained strategic investment in HRH backed by political will and commitments.

2. The importance of HRH has long been recognized worldwide.¹ The WHO World Health Report 2006 drew specific attention to HRH challenges affecting countries.² The launch of the Global Health Workforce Alliance and the convening of three global fora on HRH (in 2008, 2011 and 2013) represented milestones of the HRH agenda in the last decade. In addition, the World Health Assembly adopted³ the WHO Global Code of Practice on International Recruitment of Health Personnel in 2010.

3. The WHO Regional Committee for Africa had previously adopted two resolutions^{4,5} that called for a holistic approach to the development of HRH. The sixty-second session of the Regional Committee endorsed the roadmap for scaling up HRH for improved health service delivery in the African Region.⁶ This road map proposes six key strategic areas, namely: (i) strengthening HRH leadership and governance capacity; (ii) strengthening HRH regulatory capacity in the Region; (iii) scaling up education and training of health workers; (iv) optimizing the utilization, retention and performance of the available HRH; (v) improving health workforce information and evidence; and (vi) strengthening HRH partnership and dialogue.

4. In May 2014, the sixty-seventh World Health Assembly⁷ requested the WHO Director-General to develop and submit a new Global Strategy for HRH (GSHRH) for consideration at the sixty-ninth World Health Assembly in May 2016. This proposed strategy is expected to represent a critical component of the WHO strategic vision towards universal health coverage (UHC) and its monitoring framework. The GSHRH should fit within the frameworks of the sustainable development goals and the ongoing WHO strategy on people-centred and integrated health services.

5. The UHC monitoring framework highlights some obstacles to expanding health services. The first is availability of HRH with the relevant competencies and skills-mix. The second is equitable distribution of HRH to reach under-served areas. The third is acceptability of HRH by individuals and communities, and the fourth is the performance of HRH to ensure effective coverage of interventions.

6. The GSHRH is currently under preparation and aims to support Member States and partners to address the HRH implications of moving towards UHC and to respond to current and subsequent needs. It reflects on emerging evidence that investments in HRH can influence

¹ Resolution WHA59.23 on rapid scaling up of health workforce production, 2006.

² WHO. The World Health Report 2006: Working together for health, Geneva, World Health Organization, 2006.

³ World Health Organization (2010). WHO Global Code of Practice on the International Recruitment of Health Personnel. Geneva, Switzerland. Available from: http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R16-en.pdf Accessed 20 January 2015.

⁴ WHO, *Regional Strategy for the development of human resources for health*, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 1998 AFR/RC48/10.

⁵ WHO, *Development of human resources for health in the WHO African Region: current situation and way forward*, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 2007, AFR/RC57/9.

⁶ WHO, *Road map for scaling up the human resources for health for improved health service delivery in the African Region 2012-2025*, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 2012 AFR/RC62/7.

⁷ WHO (2014). Follow-up of the Recife political declaration on human resources for health: renewed commitments towards universal health coverage. WHA67.24.

broader socioeconomic development and creation of employment opportunities.⁸ The GSHRH is being developed through a process that includes consultations with Member States and stakeholders in the WHO regions. This paper summarizes challenges to HRH development in Africa and highlights some issues to be considered in the GSHRH under development.

ISSUES AND CHALLENGES

7. The issues and challenges for the African Region that should be addressed by the GSHRH include:

- (a) *Insufficient supply of skilled HRH with the appropriate skills-mix to meet current and future needs for health service delivery and UHC.* A recent analysis conducted by the Global Health Workforce Alliance⁹ to inform the development of the GSHRH has shown that by 2030, low-income countries will face a progressively widening imbalance between the number of health workers needed to provide essential health services, their supply and country capacity to employ them. This situation will be more pronounced in sub-Saharan Africa where a deficit of 3.7 million skilled health professionals is projected by 2030.
- (b) *Weak HRH governance and leadership in national health systems.* The capacity of Member States to effectively plan, manage, monitor and evaluate their HRH needs has to be strengthened and improved. HRH development requires political will and effective coordination with relevant sectors and constituencies at all levels of government.¹⁰ Additionally, weak regulation of health workers in terms of registration, standard setting, accreditation and management of conduct and performance limits the enforcement of health workers' competence, and agreed standards of ethical practice.
- (c) *Poor remuneration, lack of motivation and career prospects exacerbates shortages.* Actions are lacking to attract and retain skilled health workers especially in rural areas. Diverse recommendations have been made such as the WHO Global Code of Practice on the International Recruitment of Health Personnel, and the regional road map for scaling up the human resources for health with a view to improving health service delivery in the African Region. The challenge is to ensure that these strategies are effectively implemented by Member States.
- (d) *Increased international migration of HRH.* The migration of health workers from the African Region to developed countries has increased significantly in the past decades. Thirty-seven countries in the WHO African Region, representing 63% of the countries, are facing serious HRH crises in terms of shortages spanning over the last two decades with an estimated 820 000 physicians, nurses and midwives needed.¹¹ The emergence of outbreaks and the persisting HRH crisis have further weakened already fragile health systems and therefore present a serious impediment to universal health coverage. The United Nations Conference on Trade and Development estimated that each migrating African professional represents a loss of US\$ 184 000 to Africa and that Africa spends US\$ 4 billion a year on the salaries of

⁸ Arcand JL, et al. Health sector employment, health care expenditure and economic growth: what are the associations? Washington (DC): World Bank; forthcoming.

⁹ Technical working group 1 Economic, Demographic and Epidemiological Transitions and the Future of Health Labour Markets. Working Group Paper, September 28, 2014.

¹⁰ Sales M, et al. Human resources for universal health coverage: from evidence to policy and action. Bull World Health Organ. 2013 Nov 1991(11):798-798A.

¹¹ World Health Report 2006.

foreign experts.¹² The challenge is how to mitigate the negative impacts of the migration.

- (e) *Weak capacity of HRH education and training.* The training and education of HRH are constrained by a shortage of qualified faculty staff, limited teaching and learning materials, and poor learning infrastructures. For example, Africa has only 6% of medical and nursing schools, 1.54% of medical doctor graduates per year, 5% of nurses and midwives graduates per year compared with the global capacity.¹³ Chronic insufficient investment has hampered the production capacity of many education and training institutions. The WHO feasibility study in nine countries showed limited learning and teaching infrastructure, including access to related materials.¹⁴ In addition, weak collaboration between the Ministry of Education and health delivery systems creates inconsistencies in adherence to the required quantity and quality workforce training standards.
- (f) *Low investment in HRH development.* Internal resources of the majority of countries in Africa are insufficient for the production, employment and retention of health workers. It is estimated that the Region needs about 600 additional medical and nursing schools to close the gap.¹⁵ Unpredictable and non-sustained funding also affect the implementation of HRH plans in countries. According to the 2009 WHO tracking survey, only 55% of the plans had received donor funding and 48% had national budget commitment.¹⁶
- (g) *Fragmented partnerships and weak policy dialogue on national HRH agenda.* Partner investments in HRH are fragmented along programme lines resulting in piecemeal and ad-hoc funding. In addition, countries have not adequately leveraged the opportunities offered by the private sector in terms of training and employment. Inter-sectoral collaboration is also weak in some countries and hampers coherent and comprehensive efforts to address the HRH crisis.
- (h) *Low capacity to generate, analyse and use HRH data and information for policy-making and implementation.* HRH information on the exact numbers and skills-mix of health workers remains limited in the African Region. The HRH observatories established in several countries¹⁷ are still in their early stages of development and are not yet effectively utilized. The innovative concept of “national health workforce accounts” that extends the Minimum Data Set to a comprehensive set of performance indicators on the HRH labour market is currently being developed and presents an opportunity for designing better evidence-based strategies.¹⁸

¹² Naicker et al. “Shortage of healthcare workers in developing countries: Africa.” *Ethnicity and Disease*, Volume 19, Spring 2009.

¹³ *The Lancet: Health professionals for a new century: transforming education to strengthen health systems in an interdependent world* (2010) and SAMSS Study 2010.

¹⁴ *Assessing the Feasibility of a Textbook, Instructional Materials and Diagnostic Equipment Programme and Fund in the WHO African Region. Final Report.* WHO. September 2011.

¹⁵ *World Health Report 2006.*

¹⁶ Ankie van den Broek, et al. *Policies and practices of countries that are experiencing a crisis in human resources for health: tracking survey.* (Human Resources for Health Observer, 6) World Health Organization, 2010.

¹⁷ Angola, Benin, Burundi, Cameroon, Central African Republic, Chad, Democratic Republic of Congo, Ghana, Madagascar, Malawi, Mauritania, Mozambique, Nigeria and Togo.

¹⁸ Sousa A, et al. A comprehensive health labour market framework for universal health coverage. *Bull World Health Organ* 2013; 91:892-894. doi: <http://dx.doi.org/10.2471/BLT.13.118927>.

ACTIONS PROPOSED

8. Members States, WHO and other partners are requested to propose the following key actions to be included in the GSHRH in order to address the existing HRH gaps in the African Region:

- (a) **Mitigate the negative effects of health worker (HW) migration on health systems.** This includes: (i) discouraging the active recruitment and commercialization of HW; (ii) recognizing the weakening of health systems as a result of health workforce migration, hence the need for their replacement; (iii) strengthening production of HW using innovative curricula, including use of information technology in the context of UHC; (iv) supporting countries of origin to train replacement staff, including the creation of a fund for this purpose; (v) encouraging south-south cooperation to ensure proper agreement for staff exchange; (vi) supporting monitoring of the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel.
- (b) **Scaling up education and training of HRH** to improve the quality of education using competency-based learning approaches, inter- and trans-professional education and team building and to harmonize training curricula and standards. Prioritizing institutional capacity building is important.
- (c) **Improve motivation of health workers beyond financial incentives,** including improving work conditions and other contextual incentives and encourage countries to use legal and contractual frameworks to retain health workers in countries. To strengthen local authorities capacity to recruit and retain human resources in countries.
- (d) **Enhance the capacity of governments to analyse labour market forces and trends in the health sector.** Countries should invest in health workforce information systems and in strengthening their analytical capacity of HRH, including inter-sectoral issues. This is critical for developing effective health workforce plans.
- (e) **Improve global accountability for HRH.** This includes regular reporting by Member States on core HRH indicators linked to the global accountability framework of the upcoming Sustainable Development Goals in the post-2015 development agenda. This will require effective monitoring and reporting of HRH data through standardized, annual reporting to the African HRH observatory and the WHO Global Health Observatory.
- (f) **Strengthen public-private partnerships in HRH development.** Public-private partnerships for HRH need to be institutionalized and strengthened within the broader policy and regulatory frameworks. Governments should engage in scaling up HRH availability and performance.
- (g) **Ensure alignment of all resources to one HRH Plan.** Development assistance for health offers opportunities to address HRH challenges. Countries should endeavour to develop sound HRH policies and plans and, with ministry of health leadership, ensure alignment of all partners` activities and resources to one plan in line with the Paris Declaration.
- (h) **Build resilient health systems.** The health workforce is one of the key components of the health system. Building resilience for the workforce will need innovative approaches for all aspects concerning workforce availability, accessibility, acceptability and quality to contribute to resilient health systems.

9. Urges Member States to:
- (a) take into account professional and other regulatory bodies, as well as the private sector and communities in preparing human resources for health strategies;
 - (b) share lessons including those learnt from using the WHO Workload Indicator of Staffing Needs (WISN) tool to better plan HRH;
 - (c) apply the WHO Global code of Practice on International Recruitment of Health Personnel and report accordingly;
 - (d) introduce professional ethics into the HRH training curriculum, in collaboration with academia and civil society organizations such as professional health associations;
 - (e) ensure that the competent authorities are regulating the qualification and accreditation of health workers to provide quality service;
 - (f) facilitate collaboration and work within and across countries, particularly to encourage south-south collaboration;
 - (g) enhance education and training resources, including promotion of the use of new technologies to train a greater number of skilled health workers; and
 - (h) establish and support observatories for monitoring health workforce trends.
10. **WHO and other partners are** requested to support the Member States to: (a) implement the Global Strategy on Health Workforce in line with the regional HRH road map with a view to guaranteeing workforce availability and performance for quality health services and UHC; (b) create regional and subregional mechanisms to coordinate the supply and demand for human resources for health for sharing between them; (c) facilitate the sharing of best practices and promote south-south and north–south collaboration; (d) support countries to develop national HRH observatories.
11. The Regional Committee considered these HRH issues and actions as part of countries' contributions to the consultations on the Global Strategy on Human Resources for Health.