

**5<sup>th</sup> APHRH Forum**

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**EQUITABLE ACCESS TO A FUNCTIONAL  
HEALTH WORKFORCE IN THE AFRICAN REGION**

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**World Health  
Organization**

REGIONAL OFFICE FOR

**Africa**

# outline

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- **Health Workforce Availability**
- **Challenges**
- **Opportunities**
- **Priorities for action**

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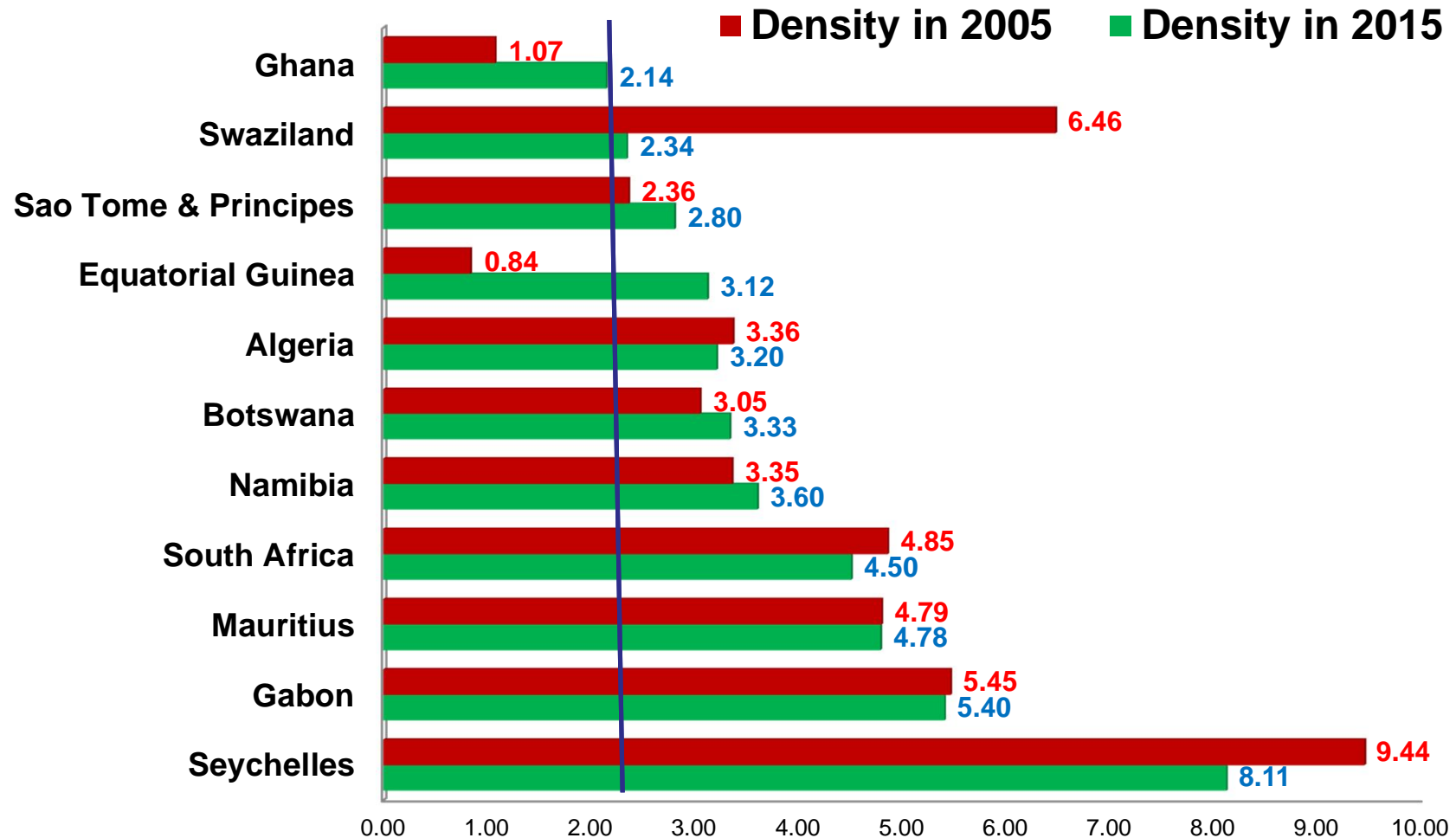
# Health Workforce Availability

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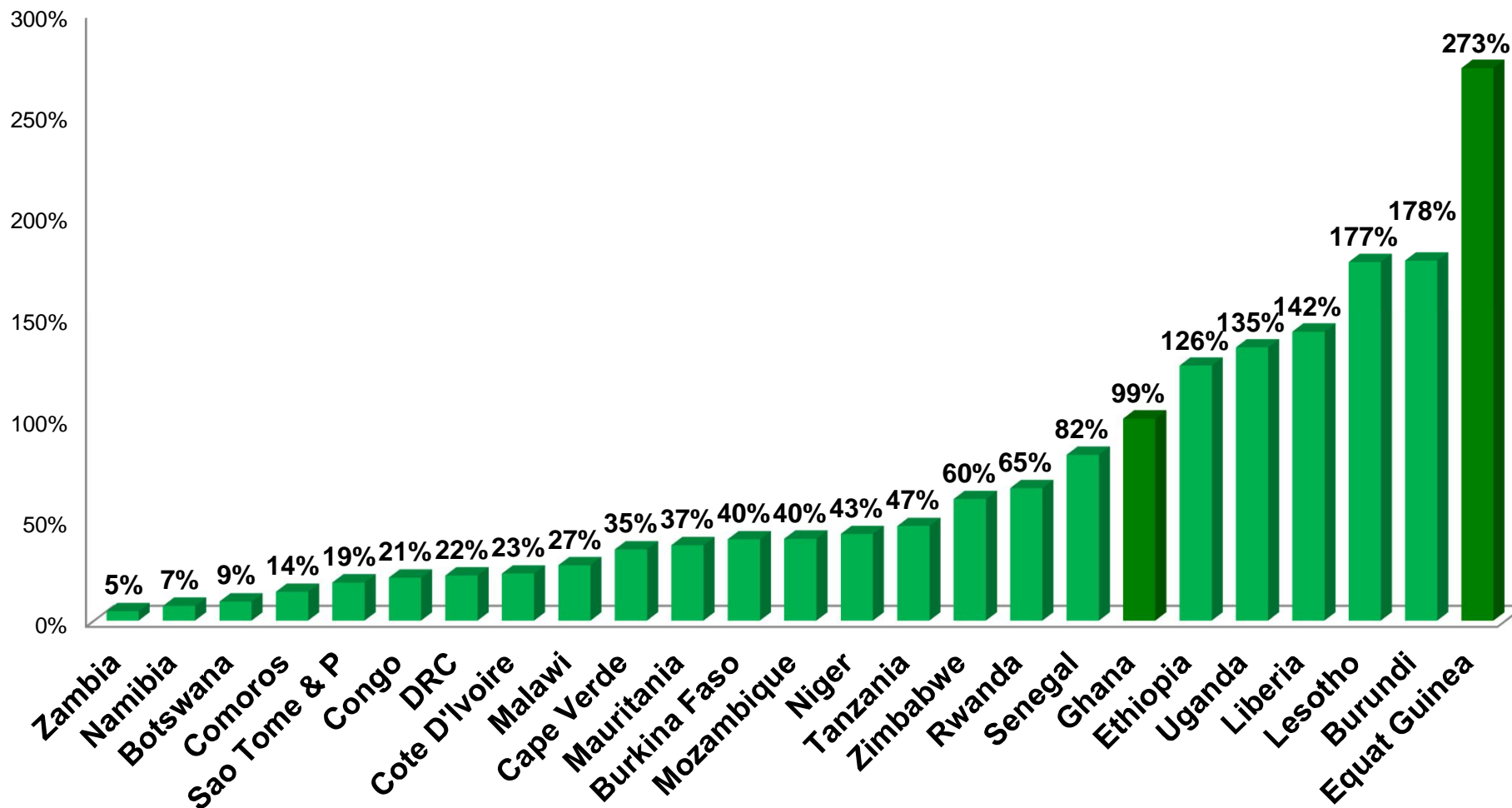
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- **Many African countries made significant progress towards the MDGs**
- **Across the continent, under-five mortality rate declined by nearly 56% between 1990 and 2012 while that of infant mortality declined by 40% in the same period**
- **Contraceptive prevalence and skilled birth attendance are still low, contributing to maternal mortality being as high as 289 maternal deaths per 100,000 live births**
- **These missed targets have been partly linked to inadequate health workforce availability**

# Countries with WHO's minimum threshold of 2.3 doctors, nurses and midwives per 1,000 pop.



# Progress toward WHO's minimum threshold of 2.3 HWF per 1000 between 2005-2015 (% increase)



# Health Workforce Availability

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- **WHO's minimum threshold of 2.3 HWF per 1000 population** put the shortage of physicians, nurses and midwives in 36 African countries.
- **These estimates appear to ignore the important roles of other categories of the HWF** such as pharmacists, laboratory technicians and scientist as well as radiographers and physiotherapist among others
- **When were taken into account these categories of the HWF , Africa's HWF shortage rose by nearly 71% from 820,000 to 1.4 million in 2006.**
- **WHO's new estimates for UHC (4.45 HWF per 1000 population) :**
  - 6.1 million HRH shortage in Africa by 2030 comprising of 1.1 million of physicians; 2.8 million of nurses/midwives and 2.2 million of other cadres

# Health Workforce Availability

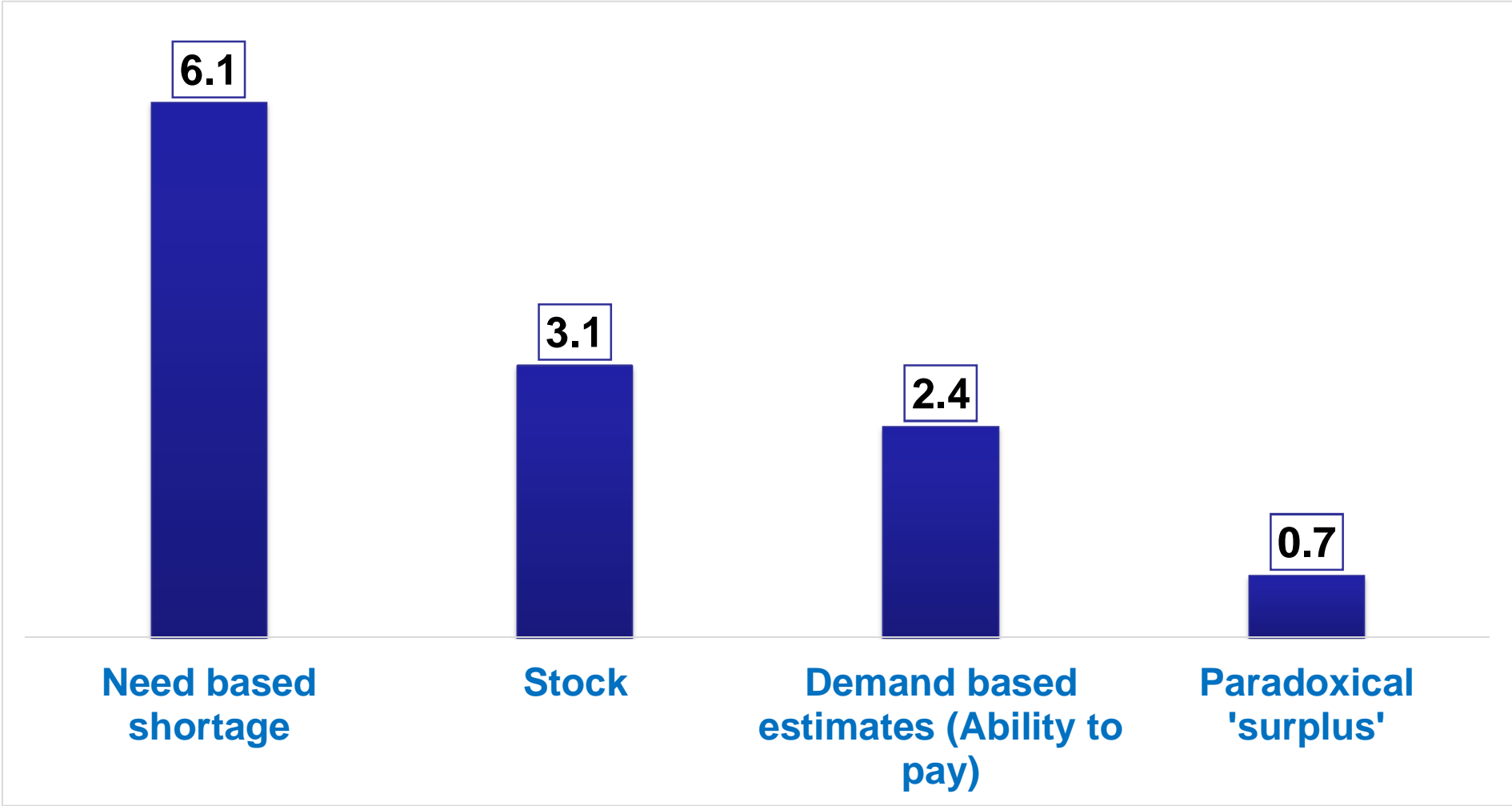
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- There is a chronic underinvestment and mismatch between HWF production, recruitment and retention.
- There is an emerging *paradox of 'surplus' skilled HWF* in countries experiencing needs-based shortages.



# Health Workforce Availability estimates in 2030 (million)

Adapted from: WHO Global Health Workforce Strategy - 2030



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# Key challenges

# 1. Weak technical capacity

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- **There is generally weak technical capacity within countries to use available evidence-informed tools for HWF planning**
- **WHO/AFRO has been making efforts to encourage the usage of WHO tools across countries**
- **National Health Workforce Observatories and more recently National Health Workforce Accounts (NHWA)**

## 2. Health systems governance and leadership

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- **Weak governance and leadership for HRH**
- **At the district level, many countries are not only logistically and financially challenged, but also face leadership and managerial challenges**

### 3. Inequitable Health, Social and Educational Infrastructure

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- ◆ **Lack of quality health, social and educational infrastructure has been linked to the challenge of inequitable distribution of health workforce**
- ◆ **Gender-related sociocultural factors often prevent women from accepting positions in rural or under-served areas for extended periods.**
- ◆ **Many health training institutions especially medical schools are not only insufficient but tend to be located in urban areas**

# Other key Challenges

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4. **Health Workforce Motivation, Productivity and Efficiency**
5. **Health Workforce Migration**
6. **Health Workforce Typology**

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# Opportunities

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1. **HWF has been considered a priority in the global and regional health agenda as an investment to stimulate inclusive economic growth**
2. **The demographic dividend of Africa**
3. **The success of task shifting/sharing initiatives within the Africa region**
4. **Recognized roles of communities in strong resilient health systems**



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# Priority actions

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1. **Implementation framework of the Global Strategy on HRH**
2. **Build a Community of Practice in Evidence-Based Health Workforce Planning for a comprehensive long-term forecast of the needs and supply of HWF**
3. **Integrating Investment in Training and Recruitment of a Functional Health Workforce**
4. **Ensuring Equitable Deployment, Retention and Utilisation of HRH**

Thank you for your attention

