



Human Resources for Health (HRH) Crisis in Sub-Saharan Africa : A proposal of alternative policy strategies to mitigate the crisis in Zambia

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Introduction

Shortages of trained human resources in health sectors of most Sub-Saharan African countries have reached crisis point in the wake of rising populations and increased disease burden. Because this crisis has the potential to derail existing national health programs such as those set up to fight diseases like HIV/AIDS, Malaria and TB, there is an urgent need to adequately address this challenge. Although many papers have identified the causes of shortages of human resources in this region, few have proposed alternative solutions. This paper endeavors to give these solutions to the human resources for health crisis using the Republic of Zambia as an example.

Objective

To identify factors that contribute to the human resources shortage in Zambia and compare its methods of alleviating the crisis to those utilized by other countries, developed and developing; and based on these comparisons, recommend feasible methods of addressing the human resource shortage in the Zambian health sector.

Aims

- To assess the different factors that aggravate the current shortages of health personnel in Sub-Saharan Africa, focusing on the Zambian health sector as an example.
- To identify and assess current interventions being implemented by the Zambian government and its co-operating partners to solve the health-care human resources crisis.
- To identify and evaluate the impact of the key human resources improvement and retention programs implemented by other countries within Africa and the Americas that we can draw lessons from.
- To propose alternative policy and management solutions based on the three previous aims that could be implemented locally to mitigate the effects of the human resources crisis on the Zambian healthcare system.

Methodology

Information about the programs was gathered from professional and scholarly journals, reports and presentations. The Zambian healthcare system was the focus of the first and second specific aims, while Ethiopia and Nigeria were representative of the other parts of Sub-Saharan Africa. Brazil and the USA were used to represent the developing and developed regions of the world respectively for the third aim of the study. Finally, data gathered from the first three aims was analyzed and from this analysis, alternatives were given on alleviating the HRH crisis in Zambia, in line with the fourth aim.

Results



Four major problem areas identified as contributory to the HRH crisis:

- Inadequate Training** of healthcare workers to meet the demand from increasing population and disease burden.
- Weak Retention Mechanisms** to retain the few trained personnel due to poor conditions of service and working environments.
- The Brain-Drain;** The international migration of skilled healthcare workers from developing countries to the developed world.
- Death of health workers from HIV/AIDS** due to high prevalence of the disease among the health workers, with 40% infection rates reported in the 1990s and AIDS mortality among nurses rising ten fold between 1980 and 1991.

Current HRH intervention programs in Zambia:

- The Zambia Healthcare Workers Retention Scheme (ZHWRs)**, which aims to increasing availability of skilled health workers in rural areas.
- International Regional Co-operation** within the SADC banning recruitment of health workers among member states.
- Task Shifting Project** which aims at increasing the number of health workers in response to the HIV/AIDS pandemic by relocating tasks normally performed by doctors and nurses to lower ranking healthcare workers.

HRH capacity building programs in other countries:



Ethiopia: (1) The Health Service Extension Program (HSEP) that trains health extension workers, providing primary healthcare in the rural areas, (2) The Ethiopia Public Health Training Initiative (EPHTI) which provides educational resources for health care workers.

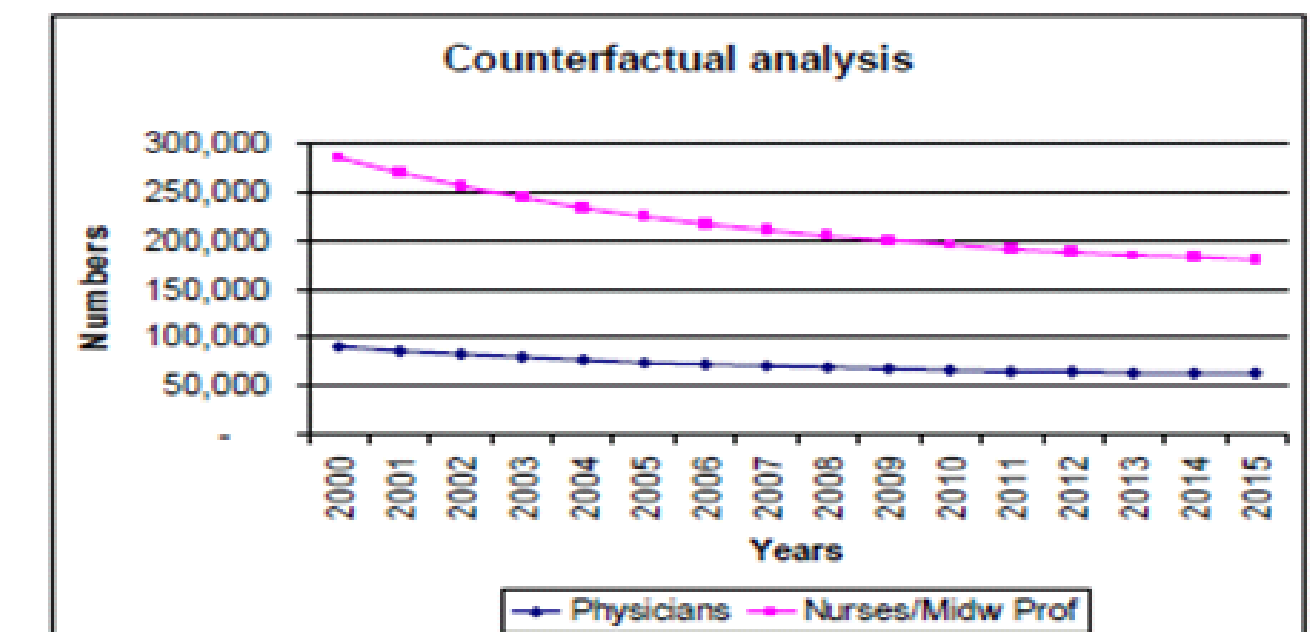
Nigeria: (1) The Consolidated Tertiary Institution Salary Structure (CONTISS) that increases healthcare workers' salaries (2) The National Youth Service Corps (NYSC) a mandatory national service program that provides medical graduates to rural areas.

Brazil: (1) The Family Health Plan (FHP) that provides health care in rural areas via teams of medical workers (2) The complementary Training Center in Family Health program (TCFH) that sets up educational centers aimed at developing and educating personnel to staff the family care plan.

USA: (1) The National Registered Apprenticeship which provides a framework for employers to recruit and retain skilled staff. (2) Legislation through the US Citizenship & Immigration Service enabling health care professionals to be sponsored by employers for work visas. (3) The Free Application for Federal Student Aid (FAFSA) providing student loans and finally, attractive earnings for healthcare workers encouraging careers in health.

Results (cont.)

Projection of health workforce in Africa based on current trends



Discussion, Conclusions and Recommendations

In order to alleviate the HRH crisis in Zambia as would be the case in other Sub-Saharan countries, we recommend the following:

•**Consolidate programs that are currently in place:** The Zambian Health Worker Retention Scheme (ZHWRs), expand the 18-month Internship program for doctors, maintain codes of practice between Zambia and other countries in the SADC region, increase the number of student scholarship program and extend the retirement age for health workers by five years. Address HIV/AIDS among health workers and improve the working environments and conditions of service.

•**Adoption ideas from other initiatives:** The Ethiopia's grassroots Health Service Extension Program (HSEP) and Ethiopia Public Healthcare Training Initiative (EPHTI). The USA's students loan scheme and long term workers loan mechanism should be considered as a means of improving retention. Introduction of new professions such as Nurse Practitioners, Certified Nursing Assistants, Traditional Birth Attendants and other Community Health Workers would greatly improve primary health care services.

•**Increase training:** Zambia needs to increase output of medical personnel by expansion of health workers education through public-private partnerships which will strengthen the countries ability to provide adequate healthcare and meet its Millennium Development Goals (MDGs).

In conclusion, Zambia and other Sub-Saharan African countries need to improve programs already in place and tailor models from other countries' experiences to suit their local socio-economic environment.

Additionally, Zambia needs to muster the political will and cooperation to ensure that these programs are fully implemented to the benefit of the population.

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