



The Global Health Workforce Crisis: Investing in a Strong and Sustainable Workforce

“It is our belief that, working with our own policy makers, the [U.S. African Health Capacity Investment Act] will touch millions of people who would have otherwise been unable to access basic health care.”

Ambrose Agweyu, Kenyan medical student

An Investment in the Future of Global Health

Significant investments are required to strengthen the health workforce in Africa and globally. Many developing countries require far more doctors, nurses, and other health workers to expand and sustain health services, ensure quality, and ultimately become self-supporting. Too much is at stake to fail to make these investments: they will not only save lives and ease suffering, they will also contribute to poverty reduction and economic growth. The return on investment is undeniable; failure to invest is catastrophic.

Here are some estimates for what can be accomplished for each \$100 million invested:

- Pay the salaries and benefits of 16,700 nurses or 8,300 doctors (based on recent independent survey of wages in Africa, and assuming trend of increased wages to promote retention); *or*
- Train 4,900 new nurses or 2,300 new doctors (extrapolated from WHO’s costing estimate); *or*
- Fully fund nearly one of the first three years of Zambia’s health workforce strategic plan; *or*
- Fully fund more than two years of Malawi’s Emergency Human Resources Programme.

How Much Is Needed?

Hundreds of organizations and dozens of global health experts are calling for a US investment of \$650 million in FY2008, rising to \$2.6 billion by FY2012, in sub-Saharan Africa alone. *In line with the US share of the global economy, these numbers represent one-third of the estimated total cost of doubling the health workforce in sub-Saharan Africa based on the first estimate below, and are well within the US capacity to contribute.*

Two Models for Estimating the Total Need:

1. *Follow-up task force to WHO and Harvard co-chaired Joint Learning Initiative on Human Resources for Health (2005)*

- *Basis:* Cost to double the size of the health workforce in sub-Saharan Africa in 5 years
- *Interventions included:* Pre-service training for additional health workers (all categories, and assuming increased proportion of less intensively trained health workers); compensation for new health workers and salary increase for existing health workers (assuming 50% salary increase); incentives for health workers to serve in rural areas; continuing education; health worker safety; health worker management, and more. (The increased funding to enable health workers to have the tools—medicines, supplies, and

equipment—needed to do their jobs are *not* included, nor are HIV treatment costs for health workers.)

- *Per capita cost* (based on total populations of affect regions): For sub-Saharan Africa, increasing from approximately \$2.50 per capita in year 1 (2007) to \$9 per capita by year 5 (2011) (and more in ensuing years as the health workforce continues to expand).
- *Annual cost* (from all sources): Increasing from \$2.0 billion in 2007 to \$7.7 billion in 2011
- *Cumulative cost*: \$24 billion over 5 years.

2. World Health Organization (2006)

- *Basis*: Cost to increase number of health workers to standard of 2.28 doctors, nurses, and midwives per 1,000 population by 2015 in the 57 countries that presently have fewer of these health professionals.
- *Interventions included*: Pre-service training for additional numbers of doctors, nurses, and midwives required, and salaries for these new doctors, nurses, and midwives.
- *Per capita cost* (based on total populations of affect regions): \$10 on average by 2015 in the 57 countries with the most severe health worker shortages, based on current salary levels. If salaries of all doctors, nurses, and midwives were to be doubled to increase retention, per capita costs would rise to \$20. At current salary levels, the per capita cost for the 36 countries with the most severe shortages in WHO's AFRO Region (roughly contiguous with sub-Saharan Africa) will rise from to nearly \$3 per capita in 2006 to \$9 per capita in 2015.
- *Annual cost* (from all sources): At the \$10 per capita levels, increasing from \$1.85 billion in 2006 to \$7.0 billion in 2015 in WHO's AFRO region. Significant additional investments would be required to retain and sustain the health workforce. Globally, in the 57 countries with the most severe health worker shortages, annual costs rise from \$7.77 billion in 2006 to \$25.5 billion in 2015, again using the \$10 per capita level.
- *Cumulative cost*: (Not available)

Summary:

When viewed in relative terms, these are fairly modest investments, but they are imperative if we are to reverse the spiraling crisis in global health and human rights, and mitigate the impacts on the economy, poverty reduction, and stability.

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