

The Global Health Workforce Crisis: Promising Programs Examples from Haiti, South Africa & Uganda

“The facilities [in rural communities] are not enough. There’s a shortage of drugs and equipment; many people can’t afford drugs and treatment. . . We could change a lot if we were properly empowered.”

Nixon Niyonzima, Ugandan medical student

The governments and people of sub-Saharan Africa and other regions of the world have recognized the severity of the health workforce crisis, and have begun to respond. The crisis is worst in rural areas, which typically have far fewer health workers than urban regions. Here are several innovative responses.

❖ *Tools, Transport and a Living Wage*

Partners in Health (PIH), a US-based NGO, has had notable success at retaining doctors and nurses at remote clinic sites in Haiti. Providing a living wage is necessary, although it is not the only factor. While higher than those offered by public sector posts, PIH pays less than health professionals can earn in private practice. Other factors contribute to retention rates that are much higher than elsewhere in the country. PIH provides transport to Port-au-Prince on a regular basis so that health professionals can visit their families. PIH also provides accommodations, food and internet access, which health workers use to communicate with family members and other clinic sites. PIH clinics are well-resourced, offering reliable access to supplies and essential medicines. Dr. Evan Lyon, an American physician who divides his time between Boston and Haiti with PIH, emphasizes that, “[Having] the capacity and tools to do their jobs is a factor that promotes retention among doctors here.”

❖ *Rural Recruitment*

In order to attract and retrain trained health professionals in a deprived rural area of Kwa-Zulu Natal province in South Africa, the Mosvold Hospital started a scholarship program exclusively for students from the local area, who are far more likely to return to practice in their rural district than their urban peers. Started in 1998, the scholarship provides funding for books, tuition, accommodations, and food; in return, each student signs a year-for-year work-back contract with the Hospital. By 2005, fourteen students completed degrees in areas such as medicine, nursing, pharmacy, optometry and radiography. All returned to serve in the rural district.

❖ *Community Exposure*

Through its “Community Based Education and Service” (COBES) program, Uganda’s Makerere University offers its health sciences students the opportunity to gain experience working in underserved rural communities. Medical, nursing, dental, pharmacy and radiography students are divided into teams and given four-to-six week placements at rural district health centers, where they continue with classes and interact closely with the community by providing health education and other community services. According to Dr. Andrew Mwanika, head of COBES, this exposure to the realities of rural practice is intended to “acclimatize students to rural work conditions so that they might be better prepared and more willing to locate in remote areas.” One student participant said of his experiences, “This changes your perspective and makes you think about the health system in Uganda. Seeing this motivates you to change the situation.”

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