Critical health worker shortages still hampering universal health coverage in Africa

Ratio of doctors, nurses, midwives per 1000 people only 1.55, despite efforts to bolster capacity; only 4 out of 47 countries surveyed have ratios above 4.45/1000

A critical shortage of health workers is continuing to hamper universal health coverage and meeting sustainable health goals in Africa, finds an analysis of 47 countries in the region, published in the open access journal ***BMJ Global Health.***

Despite efforts to bolster capacity and ensure access to essential health services, the ratio of doctors, nurses, and midwives averages just 1.55 for every 1000 people, with only 4 countries reaching a ratio of 4.45/1000, the analysis shows.

While the shortage of health workers is now a global phenomenon, it has been a longstanding issue in Africa, with a projected shortfall of 6.1 million by 2030 amid
the highest levels of disease in the world.

Reliable data are essential to make the best use of the current workforce, inform future need, and advocate for further investment, say the researchers.

With this in mind, they carried out a health workforce survey covering all the region's member states as of 2018, under the aegis of the World Health Organization (WHO) Regional Office for Africa,

The responses indicate that the total stock of health workers was around 3.6 million in the region: 0.24 million medical generalists; 0.09m specialists; 1.31m nurses/midwives; 0.06m dentists; 0.09m pharmacists; 0.37m laboratory technicians; 0.49m community health workers; 0.42m health managers and support staff; and 0.5m other health workers.

Nurses and midwives made up over a third of the total (37%) in the 47 countries, followed by community health workers and other health workers at 14% each, health managers and support staff, and laboratory personnel (10% each).

Disaggregation of the data by country showed that of the 3.6m health workers in Africa, Nigeria had the largest proportion at 26% (0.94m), while South Africa had 13% (0.45m). Algeria had 9% (0.32m) and Ethiopia, Democratic Republic of the Congo, and Kenya had 7%, 6%, and 5%, (0.25m), (0.22m), and (0.16m), respectively.

The ratio of physicians, nurses, and midwives per 1000 people was just 1.55, with only the Seychelles, Namibia, Mauritius and South Africa achieving thresholds above 4.45 /1000.

Seven countries—Algeria, Botswana, Gabon, Cape Verde, Eswatini, Lesotho and Liberia had thresholds between 2 and 4 per 1000 people. And 8 countries—-Madagascar, Malawi, Togo, Benin, South Sudan, Chad, Central African Republic and Niger had thresholds of fewer than 0.5/1000 people.

Most health workers (85% of all categories) were in the public sector, while 11% were in the private non-profit sector, and 4% in the private for profit sector. Most (79%) traditional and complementary medicine practitioners worked in the private for profit sector.

"Results for this survey show that there is still a shortage of health workers in the WHO African Region. There are low densities of doctors, nurses and midwives in most of the African countries

and there are shortages across all [health worker] cadres, including doctors, nurses and midwives, dentists, pharmacists and laboratory technicians," write the researchers."

They add: "The average density of 1.55 physicians, nurses and midwives per 1000 population in the African Region estimated in this survey is below the WHO [Sustainable Development Goal] threshold of 4.45 health workers per 1000 population needed to achieve [universal health coverage]."

Although several countries have tried to remedy the deficit, "the complexity and scope of the issue make it difficult to resolve, and the number of countries under [human resources for health] crisis has not changed substantially," they explain.

Several factors have contributed to the shortfall. Among them, inadequate training capacity, rapid population growth, international migration, weak leadership and governance of the health workforce, career changes, poor retention, illness and early death, an absence of accurate data to inform workforce planning, and the limited capacity of governments to employ health workers in the public health sector, suggest the researchers.

"This calls for the need to substantially increase investment in the [health workforce] based on contextual evidence in line with the current and future health need," they conclude.