



THE SHORTAGE OF HEALTH WORKERS GLOBALLY

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ABSTRACT

The main objective of any health system is improving the health of the population. Fifty-seven countries, most of them in Africa and Asia, face a severe health workforce crisis. Health workers are inequitably distributed throughout the world, with severe imbalances between developed and developing countries. This global workforce shortage is made even worse by imbalances within countries - there is a lack of adequate staff in rural areas compared to cities. The article presents the degree of shortage of health workers, its effects and appropriate action to overcome it.

Keywords: health workers, migration, global shortage, health care system

The health system encompasses all organizations, institutions and resources intended to perform actions whose main purpose is to improve the health of the population. The four main functions of health systems are defined. They are: providing services, creating resources, financing and management.

Health Systems in the European Union as a whole are facing to change the competitive environment in terms of human resource. According to World Health Organization, there is a deficit of more than 4 million doctors, nurses, midwives and other health professionals.

Health workers are all people whose main activities are aimed at improving the health. Among them are people who provide health services (such as doctors, nurses, pharmacists, laboratory technicians) and administrative and support staff (such staff, cooks, drivers and cleaners). Worldwide, there are 59,8 million health workers. About two-thirds (39.5 million) provide health services, and one third (19.8 million) perform administrative and support functions. Without health workers

progress in health system, prevention and treatment of diseases will be unavailable to deprived groups of populations.

Degree of shortage of health workers and its effects (4).

The 57 countries, most of which are in Africa and Asia are faced before the severe crisis in terms of staff resources in healthcare. According to World Health Organization estimates, to fill the gap at least 2.36 million health workers and 1.89 million administrative and support staff, ie total of 4.25 million health workers are needed (1). If no immediate action, the situation will be exacerbated.

The distribution of health workers between developed and developing countries in the world is extremely uneven. This global workforce shortage is exacerbated because of the imbalance between countries. In general we see a shortage of qualified staff in rural areas compared to urban areas,.

This problem occurs strong in African countries located south of the Sahara. Despite the fact that in these countries are living 11% of world population and they represent 25% of the global burden of disease, there work only 3% of all health workers worldwide.

On **Table 1** we can see the comparing of America and Sub Sahara countries based on: world population, global burden of disease, health workers worldwide, of global health expenditure (2). The significant differences in terms of those indicators are establish,

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highlighting the unequal distribution of health personnel and healthcare costs worldwide. The reasons for this might look in: poor and precarious conditions of life and work,

inefficient use of medical resources, the lack of health prevention related lifestyle and traditions in growing regions and not least the lack of incentives to work there.

Table 1. *The health workforce*

The Americas	Sub-Saharan Africa
14% of world population	11 % of world population
10% of global burden of disease	25% of global burden of disease
42% of health workers worldwide	3% of health workers worldwide
> 50% of global health expenditure	< 1% of global health expenditure

Source: WHO, 2006.

There is a direct relationship between the ratio of the number of health workers to the population and survival of women during childbirth and children in early infancy. In a small number of health workers

proportionately reduces the rate of surviving of the patients.

On **fig.1** is present the distribution of health workers to thousand persons (2).

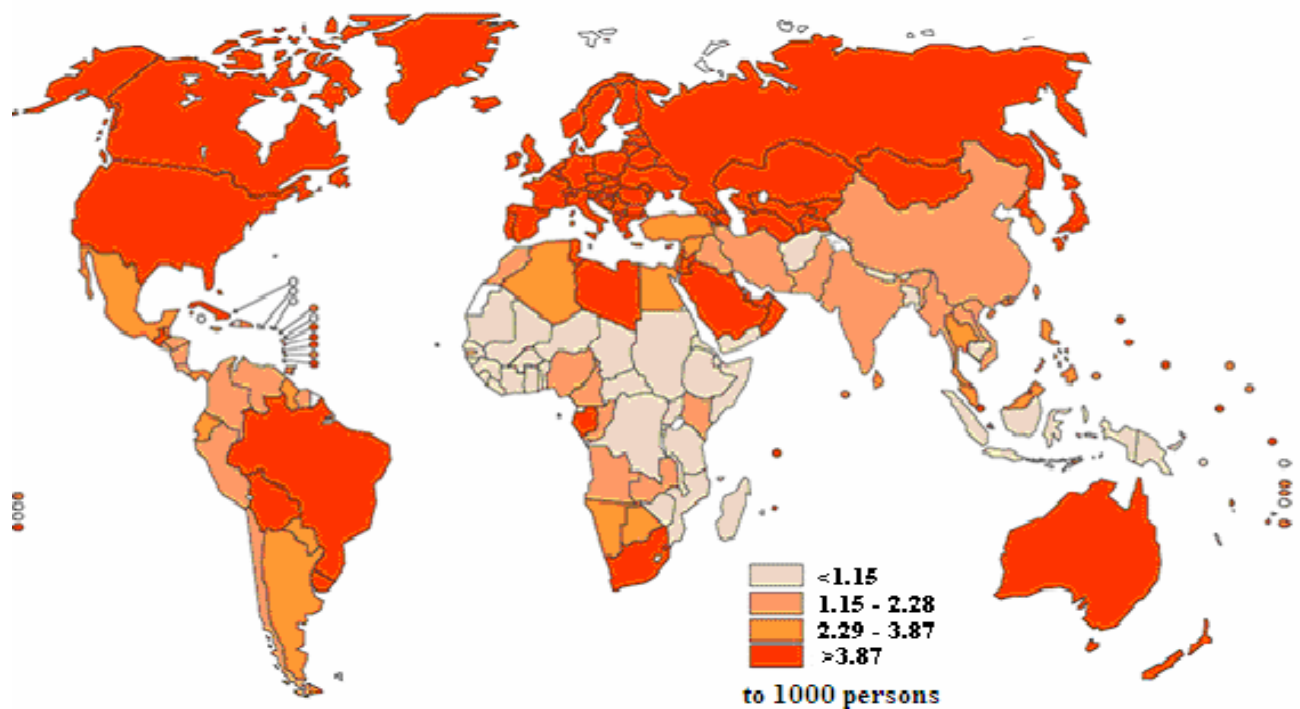


Figure 1. World distribution of health workers to 1000 persons

This map is an approximation of actual country borders

Source: WHO (2006). The world health report 2006 – Working together for health. Geneva, World Health Organization.

In Bulgaria, by 1990 the health system with health workers of 10,000 people is considered relatively good - 32.9 doctors, 7.0 dentists, 102.0 nurses and midwives (3).

In 2008, the presence of health practitioners in the country of 10,000 inhabitants was 36.1, and 8.3 dentists. The indexes are not substantially altered. However there is a significant interregional differences in security to doctors - from 47.8 per 10 000 inhabitants in Sofia to 23.5 per 10 000 inhabitants in Yambol.

The number of nurses and midwives has fallen by nearly half in 2008, a number of specialist in "Health care" is 63.6 per 10 000 inhabitants. In 2008, the ensuring is 2 times lower than the average for EU-Bulgaria has 421 nurses in the EU 745 to 100 000 persons. Ratio "practitioners: nurses" in 2006 was 1:1 to 1:2.26 in EU countries.

Consequences of the shortage of health workers (4):

- **Threat to world health.** Health needs of the world can not be met without a well trained, competent and affordable health workers. The needs of health care system worldwide cannot be met without competent and well trained health workers.
- **Development goals.** This program is consistent with the parties and leading development institutions and is aimed at meeting the needs of the poorest people in the world. MDGs are health related, aimed at reducing child mortality, improving maternal health, combat HIV / AIDS and other diseases such as tuberculosis and malaria, and access to essential medicines. The shortage of health workers is a major obstacle to achieving these goals.
- **Outbreaks of disease.** The threat of avian influenza draws public attention to the devastating impact that can have a global pandemic, given the current shortage of health workers and their poor preparation, and often poor working conditions.
- **Natural disasters.** Sudden catastrophic events can quickly destroy the local and national health systems which already suffering from staff shortages and lack of funds.

- **Conflicts.** Conflicts often cause severe and permanent damage to the the health workforce. Qualified workers may be killed or forced to leave their jobs. In continuous conflicts, usually occur several trends: civilian workers leave the health centers and hospitals in dangerous areas, and in medical facilities in safer areas the staff increase, management systems are deteriorating, worsening working conditions and professional values are eroded.
- **Care for the chronically ill.** Aging population and a surge in chronic worldwide put new demands to health workers.

Necessary action to overcome the crisis (4):

- **More direct investment in the training and support of health workers.** First, funds are required for training new health workers and when they finish training and start working, more funds will be needed to pay their salaries. Training and payment of four million health workers needed to fill critical shortages in 57 countries, will need to increase health budgets in next 10-20 years,
- **National Plan for the health workforce provision and increase the number of health workers in all countries within five years.** That will take inadequate political management, a well-developed plan to ensure effective staff resources in health and and commitment of the necessary funds. Financial resources are needed not only medical professionals but also for administrative and support staff whose work is crucial to the functioning of health systems. Governments should invest in training existing health workers so that they keep pace with the modern demands of changing priorities.
- **More efficient use of available health workers.** Improving management, control and precise definition of duties would help.
- **Some medical activities currently performed by highly skilled workers may be delegated to less skilled workers who are able to perform them correctly.**
- **The fair treatment and protection of workers in health care.** In many developing countries they work in difficult and often dangerous conditions and receive low wages.

- **Access to effective prevention and treatment of HIV for health workers.** In many countries health workers are disproportionately affected by HIV. It is vital that they receive necessary services in respect of confidentiality.
- **Encourage women to participate in the health care system.** It is necessary to take into account their needs up the flexible organization of work and career development needs to be adapted to family life.
- **Reduce incentives for early retirement.** Countries with a serious shortage of health workers should provide an opportunity to return to work of pensioners.
- **Preparation of detailed plans for each country to ensure the ability of medical personnel to respond to outbreaks and emergencies.** The plan for cooperation with military, transportation and education must be developed to ensure maximum efficiency of scarce human resources.
- **Redistribution of health workers in those areas where they are needed during the conflict.** Employees who work in these areas should receive protection and support, and other relevant international organizations should take measures to protect the existing networks of health workers.
- **Health workers training and encourage the work in rural areas and unfavorable.** These measures will help to decrease the tendency of focus the health workers around the cities.
- **Strategies for increased involvement of communities and patients to protect their own health.** Partnership between patients and health workers can improve the quality of medical care and results of events on health.

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