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A POLICY DISCUSSION PAPER BY THOMAS  
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## BACKGROUND

Human Resources for Health (HRH) are the foundation and driving force behind health systems and must be sufficient if the Sustainable Development Goal (SDG) in health is to be met. However, for decades, West African governments have attempted to address gaps in human resources for the health sector as part of efforts towards improving access to quality health care and achieving the Sustainable Development Goal (SDG) in health. In most of Africa, there is still a shortage of qualified human resources in the healthcare sector<sup>1</sup>.

Furthermore, the WHO's A Universal Truth: No Health Without a Workforce report of 2013, stated that 70 percent of African countries failed to achieve the minimum threshold of 22.8 competent health professionals (midwives, nurses, and doctors) per 10,000 people. For example, Nigeria has a doctor-to-patient ratio of only 1 per 2,000 people while Kenya has a ratio of 1 per 5,000 inhabitants. This falls short of the standard WHO criterion. The report also established that Africa has only 3% of the global health workforce and 24% of the global diseases burden, despite having 11% of the global population<sup>2</sup>. It has become imperative for countries to understand the health workforce's shortage.

The availability, distribution, and accessibility of a trained health workforce have a significant impact on the ability of health systems to provide high-quality health care to all populations at any given time. Also, the goal of universal health care included in the Sustainable Development Goals (SDGs) relies largely on a responsive health workforce to meet its health system needs. A key objective of the WHO Global Strategy on Human Resources for Health: Workforce 2030, which was adopted at the World Health Assembly in May 2016, is to link investments in the health workforce to "improvements in health outcomes, social welfare, job creation, and economic growth," arguing that doing so can yield a triple return on investment of improved health outcomes, global health security, and economic growth<sup>3</sup>. However, HRH development has received a smaller share of overall government investment in Africa over the years, accounting for 29.5 percent of total government spending, compared to 49.8 percent in the Americas and 42.2 percent globally<sup>4</sup>.

The impact of the COVID 19 epidemic, the increasing prevalence of non-communicable diseases, and brain drain in the health industry across West Africa have resulted in an uneven distribution of competent health professionals across Africa. The latter has worsened the scarcity of healthcare personnel resources, demanding active action by countries to address the issue. This article will delve into the problems and prospects for HRH 'in West Africa. It will also highlight ways to develop relationships in the region's human resources for health.

<sup>1</sup>Dalton SC. The current crisis in human resources for health in Africa: the time to adjust our focus is now. *Transactions of the Royal Society of Tropical Medicine and Hygiene* 2014; 108:526-7.

<sup>2</sup>Universal Truth: NO Health without a workforce Third Global Forum on Human Resources for Health Report. Global Health Workforce Alliance, World Health Organization 2013 <http://www.who.int/workforcealliance/knowledge/resources/hrhreport2013/en/index.html>

<sup>3</sup>WHO. Global Strategy on Human Resources for Health: Workforce 2030. 2016. <http://who.int/hrh/resources/globstrathrh-2030/en/>. Accessed 9 June 2016.

<sup>4</sup>Hernandez, P., Drager, S., Evans, D. B., Tan-Torres Edejer, T., Dal Poz, M. R. 2006. Measuring expenditure for the health workforce: evidence and challenges. Evidence and Information for Policy. World Health Organization. Geneva. March 2006.

<sup>5</sup>Scheil-Adlung X. Health workforce benchmarks for universal health coverage and sustainable development. *Bull World Health Organ*. 2013; 91:888.

## STRATEGIC ISSUES:

In most African countries and other middle-income countries, Human Resource for Health continues to face challenges such as professional migration to industrialized nations (brain drain), poor incentives, uneven distribution, skills and so on, all of which undermine the attainment of universal health coverage and sustainable development<sup>5,6</sup>. For instance, there has been frequent strikes by the health workers in Nigeria, including resident doctors, and a growing urgency among healthcare workers to leave the country for greener pastures<sup>7</sup>. This is because a good healthcare delivery system requires an optimal number and type of health personnel, as well as the appropriate resources and incentives<sup>8</sup>.

Similarly, access to quality services is reliant on the existence of a health workforce capable of meeting needs and working in decent conditions, as defined by training institutions, appealing employment, good career prospects, fair remuneration, adequate social protection, and a safe work environment as described in the ILO nursing personnel convention No.149<sup>9</sup>.

Various measures are being implemented by governments to attract and retain health personnel in rural and other difficult locations. These are influenced by global guidelines and commitments to some extent, with some progress reported in implementing World Health Organization (WHO) recommendations on recruiting students from rural backgrounds, locating training institutions in rural areas, and providing financial incentives, scholarships, and other benefits to health workers serving in such areas<sup>10</sup>. For example, in October 2011, South Africa embraced, contextualized, and launched these guidelines and policy, making it a call to action for countries with large rural populations, such as Nigeria, to adapt global principles to their local contexts<sup>11</sup>.

## TRENDS AND CHALLENGES FOR HRH

Human resources for health in the West African sub-region are plagued by a complex set of challenges, which vary across the member countries. However, the following are some of the common issues identified:

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<sup>6</sup>Campbell J. The route to effective coverage is through the health worker: there are no shortcuts. *Lancet*. 2013; 381:725. Doi: 10.1016/S0140-6736(13)60579-6.

<sup>7</sup>Hagopian, A., Thompson, M. J., Fordyce, M., Johnson, K. E., & Hart, L. G. (2004). The migration of physicians from Sub-Saharan Africa to the United States of America: Measures of the African brain drain. *Human Resources for Health*, 2(1), 1-10. doi:10.1186/1478-4491-2-17

<sup>8</sup>Anand S and Bärnighausen T. (2012) Health workers at the core of the health system: framework and research issues. *Health Policy*; 105:185-91. <http://dx.doi.org/10.1016/j.healthpol.2011.10.012> PMID:22154420

<sup>9</sup>International Labour Organization [Internet]. C149 – Nursing Personnel Convention, 1977 (No. 149). Geneva: ILO; 2012. Available from: [http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100\\_ILO\\_CODE:C149](http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_ILO_CODE:C149) [accessed 25 July 2013].

<sup>10</sup>Dolea, C, Stormont, L, and Braichet, J.M. 2010. "Evaluated Strategies to Increase Attraction and Retention of Health Workers in Remote and Rural Areas." *Bulletin of the World Health Organization* 88(5): 379-385.

<sup>11</sup>Human resources for health South Africa 2030. Pretoria: National Department of Health; 2011.

**Inadequate numbers of health care workers:** For many years, the shortage of qualified health care personnel in most of Africa has been a serious concern for the region's health sector. In the 1980s, one doctor served 10,800 individuals in Sub-Saharan Africa, compared to 1400 and 300 in affluent and industrialized countries, respectively, according to available data<sup>12</sup>. This disparity has persisted over the years; according to Statistical 2020, Sierra Leone had an average of 0.3 medical doctors per 10,000 population, while Nigeria had 7.8 (The highest and lowest in West Africa respectively) as of April 2020. These numbers are among the lowest in the world<sup>13</sup>.

**Inadequate training capacity:** The World Bank linked the HRH dilemma in poor nations to a shortage of tertiary institutions, which are often underfunded and lack suitable facilities, according to research published in 2000<sup>14</sup>. In West Africa, there are just a few public health training facilities, most of which are government-run and underfunded. Higher-level specialists with high entry-level qualifications are prioritized in the healthcare profession, whereas middle- and lower-level practitioners are overlooked. Also, the training needs of health personnel are seldom updated and utilized in curriculum development, while in some cases; there are shortages of tutors, mostly due to the lack of attractiveness of the job.

It is crucial for governments in West Africa to increase funding and management of training for health professionals. Training needs of personnel should be updated regularly, and adequate measures should be put in place to ensure that the identified needs and emerging circumstances inform curriculum development to address the changing public health landscape in the region. This should include a strategy for the proper regulation of private training institutions as well.

**Low pay/ compensation for health workers, and poor healthcare infrastructure:** The low pay of healthcare workers and poor infrastructure has contributed in no small measure to the brain drain witnessed in the health sector of West African countries. The Abuja Declaration, which calls for allocating 15% of the national budget to the health sector, has not been met by most health ministries<sup>15</sup>. In addition to poor infrastructure, the human resources development departments in the health ministry of most West African countries are poorly structured, ill-equipped, and thereby unable to influence policy decisions that favor the sector - African Health Monitor 2007<sup>16</sup>.

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<sup>12</sup>Anyangwe, S. C. E., & Mtonga, C. (2007). Inequities in the global health workforce: The greatest impediment to health in Sub-Saharan Africa. *International Journal of Environmental Research and Public Health*, 4(2), 93-100. doi:10.3390/ijerph2007040002

<sup>13</sup><https://www.statista.com/statistics/1122671/density-of-medical-doctors-in-west-africa-by-country/>

<sup>14</sup>World Bank. 2000. *Higher Education in Developing Countries: Peril and Promise*. Washington, D.C.: The Task Force on Higher Education and Society

<sup>15</sup>Agnes Gatome-Munyua and Nkechi Olalere. Public financing for health in Africa: 15% of an elephant is not 15% of a chicken. *Africa Renewal*: October 2020

<sup>16</sup>WHO. African Health Monitor- Crisis in Human Resources for Health in the African Region. 2007

**Brain drains, migration of health workers:** The spate of migration among health workers from West Africa to developed countries in recent years is alarming. Between 2015 and July 2021, 4,528 Nigerian-trained medical doctors migrated to the United Kingdom to practice, according to the British Medical Council, which is responsible for regulating and maintaining a register of medical practitioners in the UK<sup>17</sup>. In addition, according to a 2017 poll conducted by NOI Polls and Nigeria Health Watch, eight out of ten Nigerian doctors want to work overseas, with the majority preferring the United States, United Kingdom, Canada, Australia, and the United Arab Emirates<sup>18</sup>. This poses a serious threat to the health sector in the region and can be a barrier to achieving the SDGs in health and wellbeing. Low work satisfaction, poor salaries, and the huge knowledge gap that exists in the medical practice abroad are some of the top reasons for the brain drain in the sector.

**Poor distribution of health workers:** The distribution of healthcare workers is often skewed in favor of urban areas to the disadvantage of rural areas in most developing countries, including in West Africa. Poor social amenities in rural areas; housing, schools for children, utilities, and poor incentives discourage healthcare workers from accepting postings to rural areas, while some lobby to remain in the cities.

## **POLICY IMPLICATIONS :**

The second National Strategic Health Development Plan 2018–2022 emphasizes the importance of developing a policy and strategic framework for HRH development and management, strengthening institutional capacity for HRH policy, planning, and management, increasing the capacity and relevance of HRH training, upgrading health workers' competencies and performance, and promoting HRH research development<sup>19</sup>.

However, the poor health indices in the region mirror the inability of the health systems to meet population health demand, particularly in the areas of trained HRH and health infrastructure (Facilities, equipment, drugs, etc.). There is the need for countries in West Africa to revisit this.

The preference for training top cadre health care workers, and uneven distribution of HRH between urban and rural populations, also add to the myriad of factors that deny access to health for most of the region's population. In addition, HRH's over-reliance on donor and partner funds presents problems with service coordination, training needs, and overall strategic priorities. Deliberate and coordinated efforts are therefore required, with a longer-term focus to ensure equity in the distribution of HRH to the urban and rural facilities.

The migration of health workers to seek greener pastures in the developed countries is alarming, coupled with the COVID 19 epidemic, which has lately raised the burden on health systems and personnel, adding to the urgency to address the regional health personnel issue. This situation is further exacerbated by the frequent industrial conflicts between

<sup>17</sup>4,528 Nigerian doctors moved to UK in six years – Council. [Last accessed on 2021 Sep 14]. Available from: <https://punchng.com/4528-nigerian-doctors-moved-to-uk-in-six-years-council/>

<sup>18</sup><https://noi-polls.com/new-survey-reveals-8-in-10-nigerian-doctors-are-seeking-work-opportunities-abroad/>

<sup>19</sup>National Strategic Health Development Plan II (2018 2022) <https://www.health.gov.ng/doc/NSHDP%20II%20Final.pdf>

health workers and the government, which should be checked by reviewing the emoluments of health workers and providing adequate infrastructure, including drugs, equipment, and logistics, to create an enabling environment to pull health workers to work at home.

Governments should make efforts to increase training capacity, as well as improve retention and management of the health workforce. A revised wage structure for health workers accompanied by the provision of adequate equipment, safe workspaces, and other incentives should be part of these efforts.

## **RECOMMENDATIONS:**

Addressing the health sector human resources crisis in West Africa requires a strong commitment by the national and sub-national governments to prioritize actions through policies that will attract and retain trained health workers. Such actions and policies should aim to address the underlying causes of attrition and brain drain in the sector, especially low pay, and poor public health infrastructure.

Given that a strong health system depends a lot on adequate health care workers, it is also important for governments to strengthen policies to guide recruitment, distribution, retention, and productivity of personnel. Measures such as adopting new approaches to staff training, strengthening workforce management, and reasonable incentives to mitigate challenges associated with retention and distribution of health care personnel should be prioritized.

Task shifting and task sharing policy should be enforced to scale up access to effective and evidence-based essential health services while harmonizing strategies for social and economic development. Also, focus on the human resources development needs of priority health programs and aim to integrate these into a primary healthcare framework.

It is no gainsaying that infrastructure in West Africa's health sector needs a complete overhaul in terms of upgrading facilities, ensuring availability of drugs, and adequate logistics, the absence of which has contributed to the exodus of health workers in the region to developed countries. To achieve this, national and state governments need to increase funding for the health sector. During the Abuja declaration in 2001, the heads of government in Africa pledged to allocate 15% of their countries' annual budget to improve the health sector. Unfortunately, this has not been met.

## **CONCLUSION**

Human resources for health (HRH) are the building block and at the same time the drivers of health systems. Building sustainable, effective, and efficient health care systems greatly depends on the availability of adequate health workforces. The availability, stability, and efficiency of the health workforce are all influenced by policies such as recruitment and

retention, education and training, licensure, safety, and deployment and the success of healthcare delivery systems depends on well-trained, deployed, supported, and accountable personnel. However, addressing issues around HRH requires:

1. Educating enough appropriately trained and qualified health personnel to provide Universal Health Coverage.
2. Ensuring that their pay, supplies, and transportation are adequately funded.
3. Provide safe working conditions by establishing adequate physical infrastructure and delivery strategies and,
4. Motivating and compensating them appropriately.