global health workforce alliance

4th International Health Conference
on Primary Health Care/Family Health, Brazil

The Health Workforce: Scaling Up Through Primary Health Care

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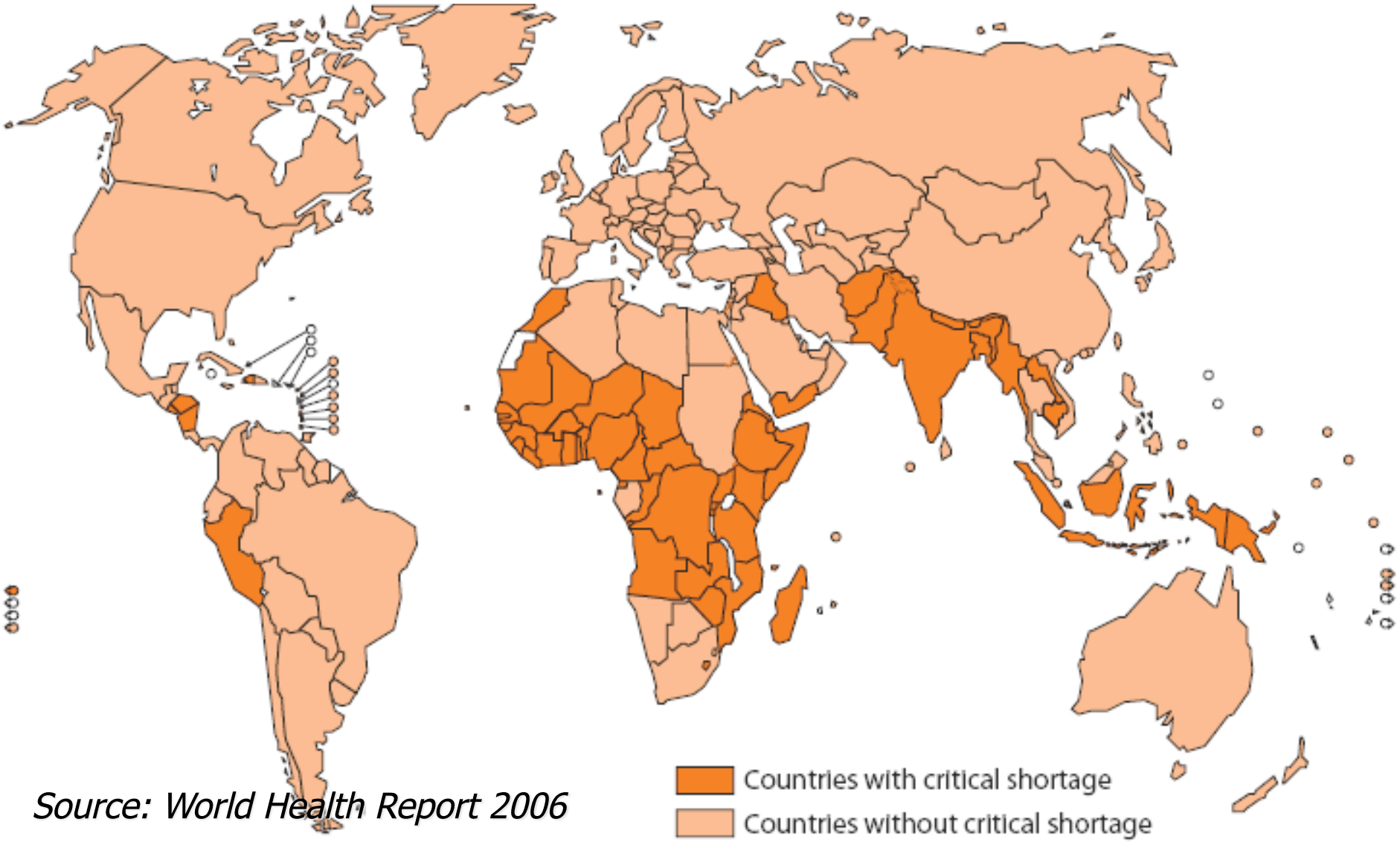
Global health workforce crisis : context

- **Populations are living longer in developed countries, demanding extended care for pain-free life**
- **Disease burden in low income countries increasing, especially in sub-Saharan Africa**
- **Long history of neglect: complexity and wrong policies**
- **African Health Ministers outcry at three consecutive World Health Assemblies**
- **Global shortage estimated 4.3 million health workers**

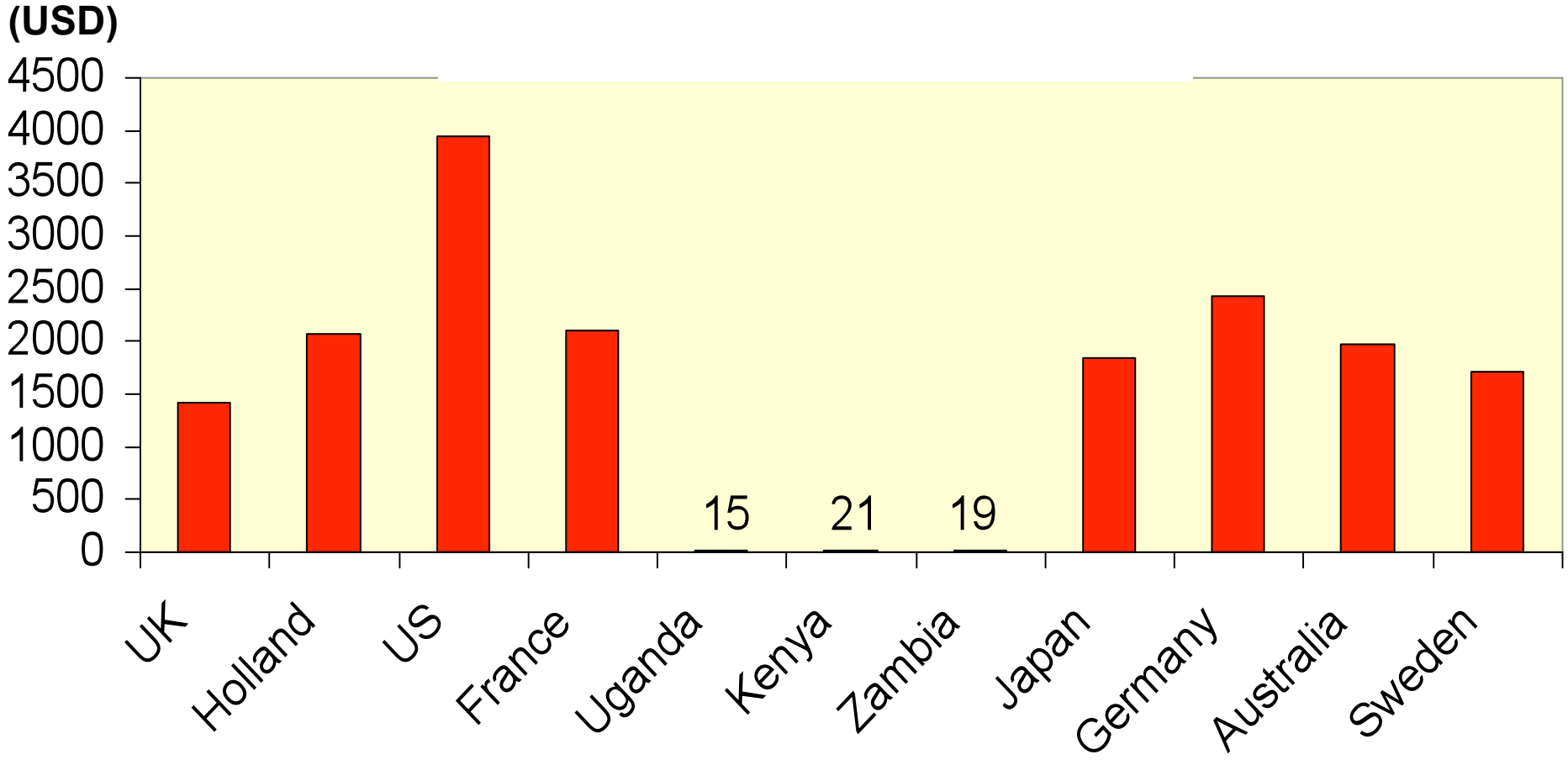
57 critical shortage countries

(doctors, nurses & midwives)



Source: World Health Report 2006

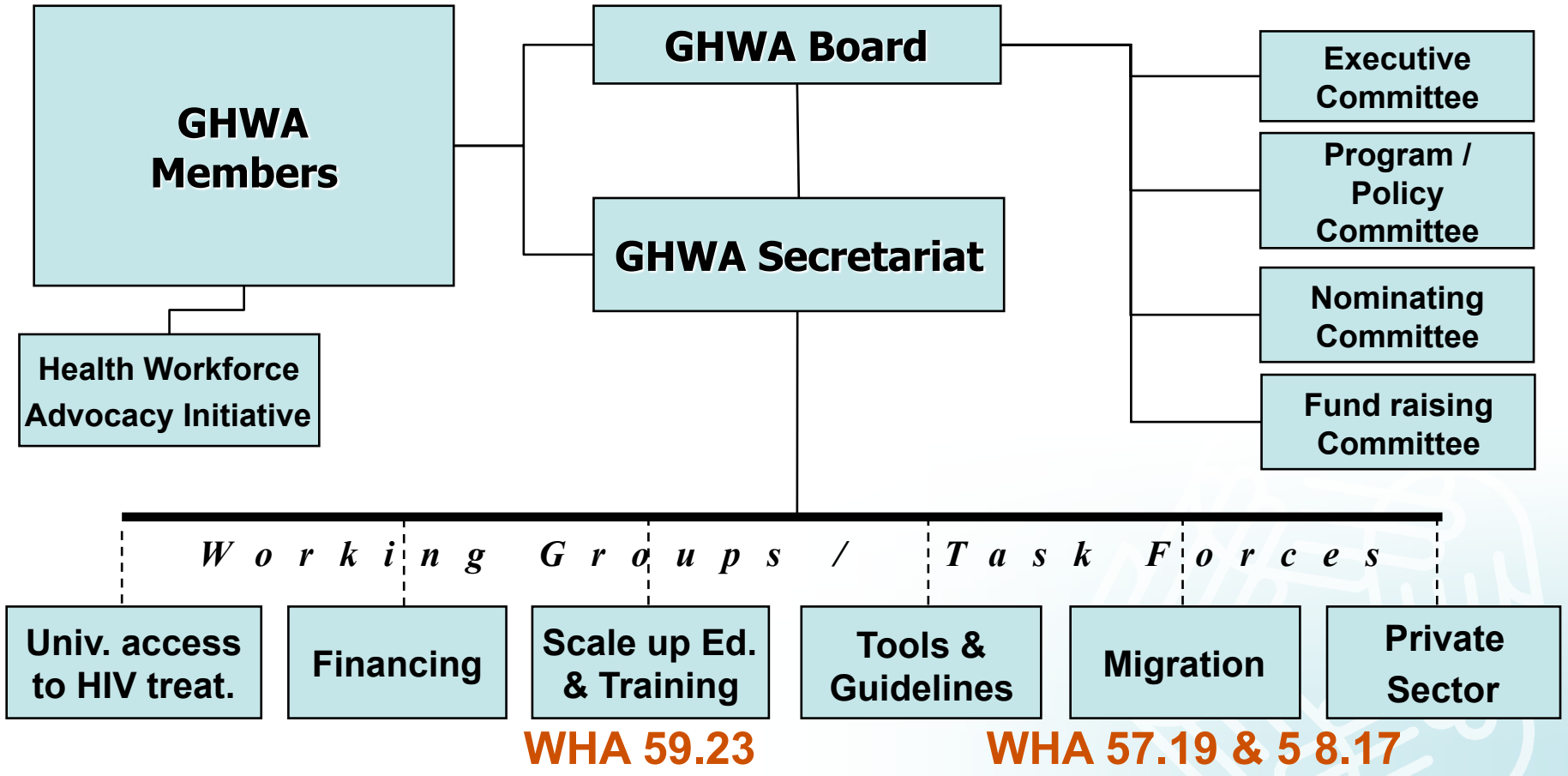
Health spending per capita



The Global Health Workforce Alliance (GHWA)

- **Recognition that no single entity can solve HRH crisis.**
- **Partnership enabling each member to perform better.**
- **Common platform for working together. on the issue of scaling up human resources for health**
- **Wide variety of stakeholders as members: governments, agencies, NGOs, professional organizations, private sector, foundations, academia (over 100).**
- **Administrative arrangement to be hosted by WHO in Geneva.**

GHWA: How are we structured?



GHWA: Vision and Mission

- **Our vision is: access for all to a skilled and motivated health worker as part of a functioning health system.**
- **Our mission is: to mobilize all stakeholders to collaboratively advocate and take appropriate actions to achieve access for all to skilled and motivated health workers, with a focus on the 57 countries in crisis.**

GHWAs Mandate

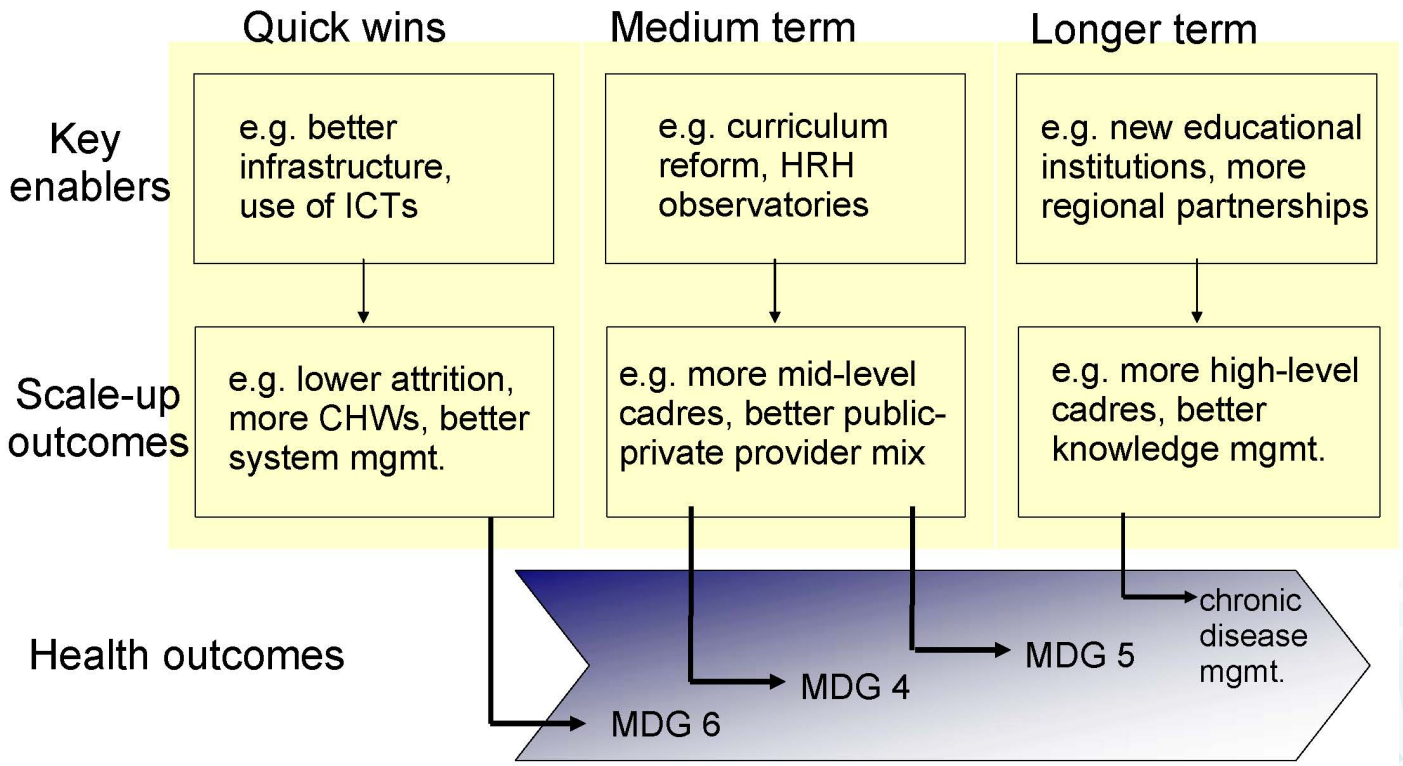
- **Addressing global HRH challenges through bringing together experts from the north and south to address some of the most persistent challenges for countries through:**
  - **Advocacy**
  - **Country action**
  - **Knowledge generation, management and dissemination**

Leadership in scaling up

GHWAs Task Force on Education and Scaling up recommends:

- **Presidents and prime ministers of developing countries create the framework for concerted action on scaling up the education and training of health workers in their country. They bring together leaders from public and private sectors, civil society and international organisations, as part of a concerted effort, to develop shared plans as an integral part of their wider poverty reduction and social and economic development programmes. They seek to provide the substantial funding needed for scale-up plans – as part of the overall development of health systems – with contributions from government itself, development partners and international organisations.** (Scaling up, Saving lives, 2008)

Recommended 10-year Plan for Scale Up



Primary Health Care and the MDGs

- **It has been recognized that this is a critical time for health worldwide as we move closer to the 2015 deadline of achieving the MDGs and as inequalities in health status, even in developed countries, have increased.**
- **According to WHO, conventional medical care services have failed to correct huge inequalities in health status and as many as 100 million people are driven into poverty every year due to the direct costs of health care.**
- **The principles of primary health care are still relevant and the challenge is to implement sustainable solutions.**

Revitalization of Primary Health Care

- **WHO has called for the revitalization of primary health care as an approach to strengthening health systems.**
- **The principles of primary health care that should underpin our health systems are:**
  - **Responsiveness, quality orientation, government accountability, social justice, sustainability, participation and intersectorality**

HRH Agenda: A good fit with PHC

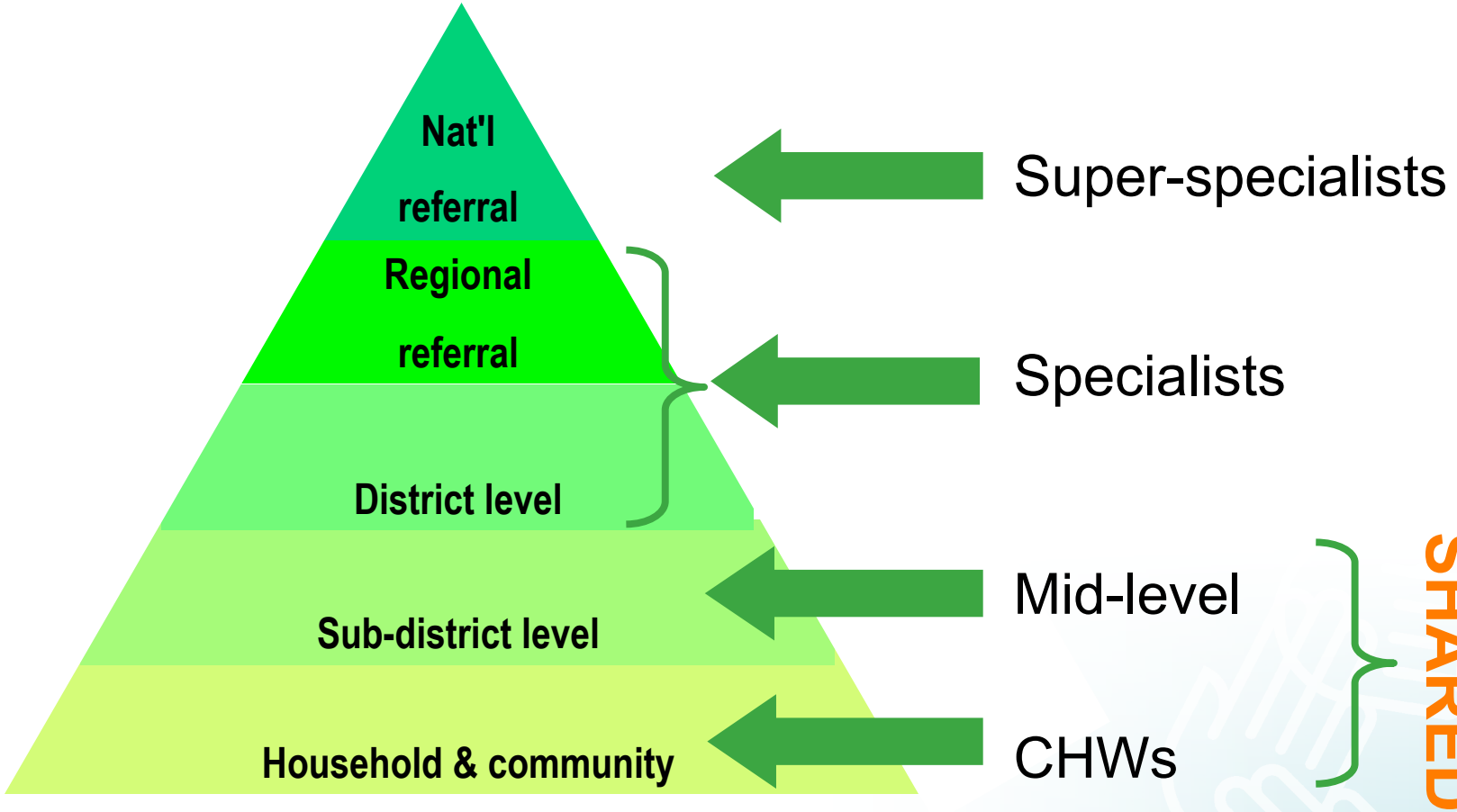
- **Everyone should have access to a suitably trained and motivated health worker, as part of a functioning health system.**
- **Governments must revisit their approach to delivering health care services and increasing the numbers and ratio of health care staff to both provide comprehensive health care.**
- **International health development partners seeking to strengthen PHC must invest funds for disease specific programmes (vertical funds) in a diagonal manner to strengthen health systems, of which primary health care is a vital part.**

Successful Scaling up Through PHC

Important factors :

- **Strengthen primary health care structures**
- **Move learning to the community, using modular education and action learning**
- **Increase access to health services quickly through introducing and adapting innovative strategies such as task shifting and community oriented medical education**
- **Concomitantly, expand the number of higher level workers**

Health System Pyramid



Evidence on the Effectiveness of CHWs

120 studies on community health workers were reviewed (Lewin et al 2008) that met the review's inclusion criteria. These showed considerable diversity in the targeted health issue and the aims, content and outcomes of interventions.

Key findings include:

- **CHW interventions are effective in promoting exclusive breastfeeding up to six months of age in low and middle income countries.**

Evidence on the Effectiveness of CHWs

- **Evidence of moderate to high quality was found of the effectiveness of CHWs in improving immunisation uptake in children; and in reducing childhood morbidity and mortality from common illnesses, compared with usual care.**
- **CHWs also appear to be effective in improving TB treatment outcomes compared with institution-based directly observed therapy.**

Examples of Scaling up: Acknowledging Brazilian model of PHC

Principles of the Brazilian model which is the biggest socially inclusive programme in Brazil and an example for other countries:

- **Universality**
- **Quality**
- **Integration**
- **Equity**
- **Social control and participation**

Organized along the following lines:

- **Decentralization**
- **Regional organization and a hierarchical structure**

Acknowledging Brazilian model of PHC

The strategy to reorganize primary health care:

- **Family health strategy (a group of health professionals based locally with a local community with approx. 4,000 individuals)**
- **Community health workers form a critical part of this strategy and are the bridge between the health professionals and the communities they serve**
- **More than 28,000 family health teams today**
- **Of 5,564 municipalities, more than 90% have at least 1 family health team**

Scaling up in Pakistan

- **Through the Prime Minister's Programme for family planning and primary care, the government created the Lady Health Workers Programme in 1994 and spent $155 m. in the first 8 years of the programme (11% external funding only)**
- **The aim- scaling up human resources for health at community levels in rural areas and urban slums and was done in parallel with an expansion of other categories of health workers.**
- **The programme is strongly rooted in the primary health care concept and its aim is to achieve universal health coverage.**

Scaling up in Pakistan

- **The target of 150,000 lady health workers or 1:1000 population.**
- **The programme has been implemented in parallel with an expansion of other categories of health professionals such as doctors and nurses.**
- **The services they provide include: health education and promotion of healthy behaviour, including the use of basic preventive health services; family planning services, including contraceptives; and basic curative care and with training to identify and refer more serious cases.**

Scaling up in Pakistan

- **An external evaluation of the programme in 2000 found that the population served by Lady Health Workers had substantially better health indicators than the control population. It was estimated that 150,000 Lady Health Workers are needed to cover the country. By the end of 2006, there were 96,000 in the system, with another 14,000 to be trained through an extension of the programme to 2008.**

Scaling Up in Ethiopia

Ethiopia suffers from an acute shortage of health workers at every level. Eighty-five % of population lives in rural areas that is chronically underserved.

- **The Health Extension Programme aims to train 30,000 new Health Extension Workers (HEWs) to work at local health posts and to provide a package of essential interventions to meet needs at this level.**
- **Educate and deploy an additional 5000 health officers by 2009 (by mid 2008 4,068 were under training).**

Scaling Up in Ethiopia

- **the intention is to increase the number of all cadres across the board, including nurses, midwives and support workers such as lab technicians, pharmacy assistants and other paramedical staff.**
- **Early results from areas where HEWs are deployed are encouraging: immunization, contraceptive use, and personal and environmental hygiene all appear to be improving.**

Challenges to Scaling Up

There is widespread recognition for scaling up and PHC is recognized as a sustainable and solid foundation on which to build. Challenges faced in scaling up:

- **Political ownership and commitment (as in Brazil, now an international example)**
- **Quality of education and supervision of large numbers of new health personnel**
- **Standardization of new curricula**

Challenges to Scaling Up

- **Extending the use of new technologies for training of cadres *in situ* e-learning**
- **The need for more fiscal space for governments from international funding institutions**
- **More systematic research/evidence globally**
- **Synergies between partnerships at the global as well as country levels.**

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