

## Confronting the Health Care Worker Shortage in Africa

Since 2004, PHR's Health Action AIDS Campaign (HAAC) has increasingly brought global attention to the serious health care worker shortage in Africa, where millions of Africans have inadequate health care or virtually none at all. A complex set of factors is responsible for the shortage of health professionals, which include: increased health care needs resulting from the AIDS pandemic and health workers' own illness and death from HIV/AIDS, insufficient training capacity, an inadequate investment in health systems in many countries throughout Africa, and the resulting migration ("brain drain") of health workers from Africa to other countries with better work opportunities.

The release of PHR's seminal report – "An Action Plan to Prevent Brain Drain: Building Equitable Health Systems in Africa" – brought wide-scale attention to these problems, and gave PHR a vehicle to engage a broad group of NGOs to take action. AIDS activist and law professor Brook Baker says he became most familiar with PHR when the "Brain Drain" report was released at the 2004 Bangkok International AIDS Conference. Working with the Health Global Access Project (Health GAP), Baker comments on the synergy of the HAA Campaign with the direction Health GAP was exploring.

*"Health GAP began talking about the weakness of health systems and the need for more health workers (in the context of increased funding for HIV/AIDS in Africa) around this time and wanted to generate a campaign around it. Given its report, PHR was a natural ally."*

Since that time, PHR has successfully brought together a diverse and impressive group of NGOs – including Health GAP, the Global Health Council, the American Public Health Association, the American Medical Student Association, the Association of Nurses in AIDS Care, and the Student Global AIDS Campaign – to promote solutions to the health care worker shortage. States Deborah von Zinkernagel, Director of Policy at the Pangaea Global AIDS Foundation,

*"PHR made a decision to work on health care worker issues. They mobilized workgroups, and I've seen it mature into a worldwide effort."*

At the 2006 Toronto AIDS conference, PHR released another report called "Bold Solutions to Africa's Health Worker Shortage", which documents examples of innovative initiatives developed to sustain and build the health care workforce. For example, in Swaziland, a separate health facility has been created to support health workers who are caring for increasing numbers of patients while dealing with their own losses resulting from illness and death from AIDS. In Ghana, where health care is concentrated in urban areas, a community-based program has been instituted to overcome disparities to accessing care.

According to Eric Friedman, Senior Global Health Policy Advisor at PHR, a major goal at the Toronto conference was "to spread the message that solutions exist, to focus on what needs to be done, and not just the problem – and that we need money for health care workers." Professor Baker, who also attended the Toronto AIDS conference, notes the important role that PHR played at this event in co-organizing meetings and teach-ins for activists on these issues.

*“We needed to mobilize a number of international organizations that were health worker and patient group-based for better documentation of the problem and for advocacy...It is hard to overstate the work of (PHR) on this issue”.*

Throughout the HAA Campaign, PHR and its partners have focused on educating policymakers about the effects of the health care worker shortage in Africa. One Congressional staffer comments that “(the problem) looks like a bottomless pit. People don't know where to start.” She says that she looks to PHR for help – through individual meetings and staff briefings – to understand the issues, noting that PHR’s materials are “very instructive”. Another key legislative aide lauds the leadership role of PHR, both in its grounded perspective on the issues, as well as in its collaborative approach to organizing for change.

*"PHR's collaborative approach lends power and support to coalitions. They are spearheading many initiatives and have a well-thought-out and grounded viewpoint."*

One PHR partner commented on the importance of creating a climate that supports policy change.

*“We’re (working on) creating the climate in which politicians feel they have to do something about (the health care worker shortage).”*

This “climate” is undoubtedly one factor that led to Senator Richard Durbin’s efforts to address the health care worker shortage in Africa. On a fact-finding trip to Africa in 2006, the Senator witnessed the dire consequences of inadequate health care systems. Upon his return, he felt compelled to shape a policy response and sought advice from PHR on the health care worker shortage. Ultimately, the Senator filed the African Health Capacity Investment Act, informed by PHR’s educational expertise and comprehensive materials. PHR, with its coalition partners, focused considerable efforts, both in Washington and at the grassroots level, on educating members of Congress about the issues addressed in this legislation.

Joa Mukherjee, Medical Director of Partners In Health, notes that health worker issues in Africa are something that people on “the Hill” talk about now, largely as a result of PHR’s “groundbreaking work.” In fact, according to Professor Bill Holzemer, Associate Dean of International Programs at UC San Francisco, “the health care workforce (has) become a number one issue” and argues that “we are now in the *decade* of the health care workforce.”

While the African Health Capacity Investment Act has not been passed into law – though it did pass out of the Senate Foreign Relations Committee – it has informed much of the policy that was incorporated into the 2008 re-authorized version of PEPFAR, President Bush’s main initiative to address the AIDS pandemic in Africa and globally. That legislation includes what is, to-date, the largest single commitment from a wealthy nation to train and help retain health workers in developing countries. As efforts to influence policy turned to PEPFAR re-authorization, PHR’s work in educating members of Congress was key to including the health care workforce issue in PEPFAR. For example, Congresswoman Barbara Lee promoted the insertion of language on the health care worker shortage in PEPFAR; and Representative Tom

Lantos' staff, who were involved in the African Health Capacity Investment Act, also played a strong role in promoting health care worker shortage issues in PEPFAR re-authorization. And the Senate Foreign Relations Committee's report on the PEPFAR re-authorization bill specifically notes that it draws on the African Health Capacity Investment Act.

In addition to its work with NGOs, PHR has been instrumental in mobilizing medical students and nurses to advocate for a response to the AIDS pandemic. According to Joia Mukherjee,

*"PHR has had a transformative effect on medical student engagement around Global AIDS. They feel empowered to make a difference...PHR has the policy experience."*

Nick Reeves, a medical student who worked intensively with PHR, emphasizes that the organization "could not have done a better job. They call me personally, and are very responsive." In addition, PHR has reached out to nurses, sponsoring a Nursing Summit in 2007 that focused on health care worker issues. Because of their relationship with PHR, Kim Carbaugh of the Association of Nurses in AIDS Care (ANAC) says, "we have adjusted our point of view...On the health care workers crisis, we've begun to think about how we can be of more direct help."

In fact, ANAC brought two nurses from Uganda to their national conference, and the nurses were introduced to the audience by a specially created ANAC Global Committee. States Deborah von Zinkernagel,

*"For our nurses it was phenomenal! They were inspired to respond. Our members see that (Ugandan Health care professionals) have very few resources, very small salaries, but are doing great work."*

The Global Committee has increased its activities, says Kim Carbaugh, "because of (PHR's) Health AIDS Action Campaign." ANAC has now committed to involve more nurses from Sub-Saharan Africa, and the organization will be creating a "huge network of professional and personal support."

This past year, PHR also participated in a health worker conference in Kampala organized by the Global Health Workforce Alliance. According to Eric Friedman, the PHR-chaired the Health Workforce Advocacy Initiative (HWAI) and used the conference to educate people about the importance of the human rights approach to health care workforce planning, as well as the huge financing needs and gaps for the health care workforce. HWAI advocates for adequate and sustained funding to expand human resources for health care and strengthened health systems, and promotes human rights-based health workforce strategies. HWAI and PHR disseminated several documents at this conference, most notably PHR's "Right to Health and Health Workforce Planning Guide", which emphasizes the importance of grounding health workforce planning in a human rights framework, and provides concrete guidelines to government officials, NGOs, health workers and development partners on how to do so. Professor Brooks describes the toolkit as "holistic", citing some of the important questions it poses to users, such as: Do you need to raise salaries? Do you need to conduct trainings and in what areas? What pre-

service trainings are needed? Are there retention issues? Commenting on the Kampala conference, Professor Brooks says:

*“PHR staff played a leading and very crucial role in this conference...PHR's consistent focus on human rights is significant. In the case of health care workforce issues, it encompasses both health workers' human rights, like safety, adequate training, good working conditions and a liveable salary, and the health workers' obligation to respect the human rights of patients.”*

The issue of human rights as it links to the health care worker shortage, and the need to “adequately” finance health care workforce plans to enable their full implementation, were also incorporated into the Kampala Agenda for Global Action, a document released by the Global Health Workforce Alliance and recognized by this year's G8 Summit.

Noting the critical role that PHR has played in promoting solutions to the health care worker shortage, a key legislative aide says “PHR is very helpful in educating (policymakers) about the current state of play on the ground, what is going on in the field, and in the country where we are trying to implement programs or learn about how best to engage and educate those involved.”

*“They are experts in thinking through, from a practical perspective, how you integrate programs into existing health care systems. They understand the context in which we can place these programs and activate the grassroots by working in coalition with other organizations to advocate for policy change and educate staff and members. We have come to rely on them as they fill a niche other groups do not bring, by bringing to the table their medical concerns as physicians (and other health care professionals).”*

Effecting changes in health care policy in Africa requires a long-term, sustained effort from multiple actors. PHR has played a powerful role, educating health care professionals and policymakers about the health care workforce shortage in Africa, and identifying tangible strategies for countries to address the complexity of the problem. Says Joan Holloway, a Senior Adviser for Human Capacity Development in the Office of the US Global AIDS Coordinator,

*“We would probably not have workforce goals if it were not for PHR and the coalition.”*

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