Issue Brief:

Eliminating Health Disparities: Improving Global Access to Health Care

NATIONAL PHYSICIANS ALLIANCE

The global shortage of health care workers is felt most acutely in the developing world, with an estimated deficit of 2.4 million doctors, nurses, and midwives.[1] The burden of debt, among other factors, has lowered the priority given to the health sector in many developing countries. As a result, many poor countries face weak health sector infrastructure and poor or absent training programs for health professionals. In addition to a baseline dearth of trained health care providers, poor, AIDS-burdened countries shoulder the added burden of losing doctors and nurses to wealthier nations.[2]

The absence of trained health workers has been widely identified by international health policymakers as a key barrier to achieving global health targets and effectively fighting the growing pandemics of AIDS, tuberculosis, and malaria. In order to stem the spiraling health crisis in the Global South, the United States must act quickly to support the planning and creation of a diverse and comprehensive health workforce in developing countries.

The "Brain Drain"

Without health care workers embedded in a sustainable health care infrastructure, delivery of appropriate care is nearly impossible in the developing world. "Brain drain," or the emigration of trained health care workers to other countries or jurisdictions, results from both "push" and "pull" factors. "Push" factors are those that act to drive health workers out of their countries of origin: low wages, poor working conditions, and little opportunity for advancement. "Pull" factors include the higher salaries and prestige that are available in wealthier countries, which are reinforced by active recruitment efforts from those countries.

Consider the following statistics:

1. Of the 1200 physicians trained in Zimbabwe from 1990 to 2001, only 360 remain.[3]
2. Ghana has lost 69% of its physicians, 25% of its nurses, and 42% of its pharmacists who graduated between 1993-2002.[4]

Brain drain undermines the local investments made to train health workers in the developing world. Instead, rich countries often reap the benefits. While Sub-Saharan Africa shoulders 25% of the global burden of disease, it possesses only 3% of the world's health workers and claims less than 1% of the global health expenditure.[2]

The National Physicians Alliance is calling on the United States to help reverse the health worker crisis

The NPA has joined the Global Health System Strengthening (GHSS) Working Group, a coalition that includes grassroots, political, and faith-based organizations (see the coalition's consensus statement at: http://healthgap.org/hcwcall.html). The coalition's primary aim is to win new initiatives from the United States government to train, retain, and support diverse cadres of health workers in numbers sufficient to achieve universal access to care and to build strong, sustainable health systems in poor countries—particularly those in Sub-Saharan Africa where the crisis is most severe.

The coalition believes the U.S. should invest in developing countries to help them: (a) create long-term strategic planning; (b) strengthen and expand the capacity of health training institutions; (c) retain health workers through adequate compensation, safe and improved work conditions, stronger supervision, continuing education, and

care—including AIDS treatment; (d) institute sound human resource and fiscal management; (e) ensure equitable workforce distribution, including incentives to work in underserved areas; (f) re-deploy unemployed health workers; and (g) create a Global Health Service to facilitate and support U.S. health professionals who will work abroad in resource-poor areas.

Scaling up health systems requires funding to support new initiatives. For example, the U.S. share of the World Health Organization's estimated costs to support needed programs in Sub-Saharan Africa is $8 billion over 5 years. The NPA and the GHSS coalition believe that U.S. contributions should support sustainable national human resource plans within the context of comprehensive country health plans. Funding should be predictable and long-term, flowing directly to the public sector and local NGO and faith-based care providers as appropriate.

The NPA brings a powerful and unique physician voice to the coalition. We will mobilize physicians across the country to fight for increased funding and support of a sustainable global health workforce. The NPA will work to increase public and physician awareness, serve as a resource for provider narratives and testimony, and lobby elected officials in this critical area. Through this work, the NPA strives to create global health equity.

References

[1] World Health Organization, *World Health Report 2006: Working Together for Health* (2006), XVIII. <http://www.who.int/whr/2006/whr06_en.pdf>

[2] World Health Organization, *The Global Shortage of Healthcare Workers and its Impact.* Apr 2006 (19 Oct 2006) <http://www.who.int/mediacentre/factsheets/fs302/en/index.html>

[3] Physicians for Human Rights, *PHR and Africa Health Professionals Discuss Bold Solutions to Solve the Health Worker Shortage.* 16 Aug 2006 (19 Oct 2006) <http://www.phrusa.org/campaigns/aids/news_2006-08-16.html>

[4] Ministry of Health, presented by Dr. Kofi Ahmed, Chief Medical Officer, at meeting on Ghana Health Worker Migration and the Need to Strengthen Local Health Systems, March 8, 2006, Accra, Ghana

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