

Investing in our health workers: approaches to the scarcity and loss of health personnel in southern Africa.

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Antoinette Ntuli, Health systems Trust South Africa, Co-ordinator EQUINET HRH theme network

After decades of neglect, Human Resources for Health (HRH) has in the past few years moved to centre stage of both international and regional debates. Within southern Africa health personnel continue to be scarce in services where they are most needed, are a critical bottleneck to the uptake of new resources from global funds and the region is suffering from escalating out migration of health workers.

Dealing with this impact of the migration of health personnel raises debates about effective and just strategies. Those that restrict health worker rights of movement often don't work and punish individuals. 'Ethical human resource' policies and codes appear to have made little difference to practice on the ground, especially when movement is driven by pull and push factors in both sending and receiving countries. So what comprehensive measures will secure the human resources that southern Africa needs for its health services?

EQUINET is addressing this through a network of institutions from government and non government sectors in southern Africa and working with institutional hubs in Canada, Australia and the UK (given their role as countries absorbing significant numbers of the regions health workers). The network aims to collaborate on research and use the evidence to harmonise policy engagement and advocacy.

At a meeting in April this year the network of researchers developed the analytical framework to guide this work. This framework takes the policy interest of the country planners and authorities in the region as the starting point, and includes four major components:

Equitable human resource policies- what will encourage health workers to work in areas of greatest need? This work is looking at what positively and negatively affects the internal distribution of health personnel, including both traditional and allopathic practitioners. In Zimbabwe, Oliver Mudyarabikwa at the UZ Medical School is identifying the factors that cause a maldistribution of public sector health workers. Yoswa Dambisya of the University of the North in South Africa is following up on the distribution of pharmacists who trained at the University of the North, to understand what drives their choices of both sector and location of work. Steve Reid of the University of KwaZulu-Natal in South Africa is exploring what educational factors influence the choice of rural or urban sites of practice of health professionals.

Ethical Human Resource Policies- how to respond to international migration of health workers? Given the work already taking place on codes of practice, and reasons for health workers leaving EQUINET is focusing its work on identifying "what makes health personnel stay". If the retention factors are known then ethical policies in other countries should reinforce and not undermine these factors and should contribute resources towards their achievement. Scholastika lipinge of the University of Namibia is exploring how health professionals perceive their conditions of service, and the extent to which this acts as a factor keeping them in the country and the public sector. In Malawi, Adamson Muula from the College of Medicine in the University of Malawi is exploring the coping mechanisms of health workers who stay in the Malawi health sector to identify possible strategies to support these mechanisms and reinforce health worker retention.

How are the HIV and AIDS epidemic and the resource for AIDS affecting the distribution of health personnel? The network has built links through its work on HIV and AIDS and its networks with Municipal Services Unions to understand the impact of HIV and AIDS on health workers, and to explore how new resources for treatment are being used in relation to improving (or undermining) the availability, conditions and retention factors of health workers, especially within district health systems.

What can we learn as a region and where do we need to act regionally? Country level evidence will be shared regionally, recognising the gain for exchange of experience, policies and interventions across countries in the region. This is also a regional issue, both in terms of the flow of health personnel across national boundaries and the need for a regional policy response to international factors. Common evidence from all countries in the region, and more detailed evidence from Swaziland, Botswana, Namibia, South Africa, Zimbabwe and Malawi will be used to build a more detailed regional picture of the distribution and flows of personnel and the factors affecting this. We will also carry out in early 2005 an analysis of the policy environment, in terms of the priorities, actors and forces in this area and the options this raises for national and regional authorities.

EQUINET and HST are aware of the significant volume of work taking place in different institutions and countries on this issue. We have a database on human resources for health on our website at www.equinet africa.org through which we hope to share materials and information that we access and encourage people to use and contribute to it.

When the African Ministers of Health raised issues of health personnel migration at the 2004 World Health Assembly they were profiling a situation that calls for policy recognition, such as through protocols and codes, but also for wider strategies and interventions. Those strategies should as first call reinforce the health workers who stay in the system, particularly those who work at primary care and district level, and strengthen the environments that encourage health workers to do this.

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