

Scaling Up, Saving Lives

Summary and recommendations



Task Force for Scaling Up Education and Training for Health Workers, Global Health Workforce Alliance

Preface

The desperate shortage of health workers in the world means that millions of people die or are disabled unnecessarily. A large part of the problem is simply that not enough health workers are being educated and trained.

We were asked by the Global Health Workforce Alliance to bring together an international group of people to review the experience of countries and research from around the world, and draw up practical proposals for how to scale up massively the education and training of health workers.

Scaling Up, Saving Lives is the result.

The good news is that there is now plenty of evidence and many examples of what can be done – practically and effectively.

So why – as we have heard political leaders ask – are we not seeing the same improvements everywhere?

We could, and the proposals set out in this report will lead to results, but only if we work together with determination and sustained commitment. More needs to be done to turn existing knowledge into action at national and international level. The global political climate provides a moment of opportunity which should not be missed.

Everyone has a part to play in dealing with the global health workforce crisis – governments, education leaders, international development partners and donors, local partners, and the public and private sector. Political leadership, backed by predictable and long-term financing to support well-constructed national scale-up plans, is critical.

Scaling Up, Saving Lives has benefited from the experience and wisdom of many people from around the world. We would like to thank the members of the Task Force, the many people we consulted, and particularly Imogen Sharp – the Task Force Director – who led the work and the production of this report, Peter Walker who developed the work on education and training, Manuel Dayrit and his team at the World Health Organization, and the many colleagues at the World Bank who provided their support so willingly.

Now is the time to act!

Lord Nigel Crisp

Commissioner Bience Gawanas

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Global Health Workforce Alliance

May 2008

Summary and recommendations

In 2006, the World Health Organization alerted the world to a shortfall of 4.3 million trained health workers globally, with the worst shortages in the poorest countries. As a direct result, millions die or are disabled every year and the Millennium Development Goals will not be achieved unless remedial action is taken.

The Global Health Workforce Alliance (GHWA) was launched at the time of World Health Assembly Resolution 59.23 in 2006, to tackle these issues. In turn, GHWA set up task forces to address specific aspects of the problem such as health-worker education and training, migration and financing.

Scaling Up, Saving Lives sets out the findings and recommendations of the Task Force for Scaling Up Education and Training for Health Workers. It complements the GHWA *Agenda for Global Action*.

The Task Force has focused on countries with a health workforce crisis, particularly in Africa, and has found that current policies and plans are failing. The number of people being educated and trained is too small to make a difference. This is compounded by the fact that there is little international coordination of effort and, all too often, differential salary scales between public sector, international and private organizations, which drive up costs and lead to movement from the public sector, poor working conditions, and significant international migration of health workers.

The situation needs to improve. Traditional approaches will not work – and thousands of people in the poorest countries in the world will continue to suffer unless we implement changes and a better way forward.

Yet many leaders in developing countries know what needs to be done. *Scaling Up, Saving Lives* draws together evidence from countries such as Brazil, Ethiopia and India of what can and has been done practically and effectively to increase the education and training of health workers quickly and on a national scale, by national governments as well as education and training bodies. It sets out the critical success factors and effective strategies for scaling up education and training, based on a review of the evidence. The report also describes the economic background and the decisions that need to be made, and estimates that it will cost an additional US\$2.6 billion a year to educate and train 1.5 million additional health workers just in Africa.

This is a global problem. *Scaling Up, Saving Lives* sets out proposals for concerted action on a massive scale – with the international community fully supporting national leaders – **to make sure that everyone has access to a suitably trained and motivated health worker as part of a functioning health system, and that:**

- **national governments draw up 10-year scale-up plans and implement an immediate and huge increase in community- and mid-level health workers – trained, paid, supervised and able to refer on to more skilled workers – alongside the expansion of education and training for all groups of health workers;**

- education and training curricula are focused on the health needs of the country, are community- and team-based, draw on the resources of the public and private sectors and the skills of international partners, and make greater use of innovative means to increase training capacity, such as information and communication technologies and regional approaches; and
- development partners and international organizations give strong backing to national scale-up plans, with a big increase in dedicated long-term funding for education and training and much better coordination and cooperation.

10 recommendations for concerted action

1. 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 the public and private sectors, civil society and international organizations, 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 organizations.
2. Governments and local, national and international organizations use the findings from this Task Force on the *critical success factors* for national scale up and the *principles and strategies* for education and training – which are based on evidence of what has worked in the past – as a common framework for country action.

Within this framework:

3. Governments, led by health ministers, and including education, labour and finance ministers and, where appropriate, the civil service commissioner, set out a clear vision for their health workforce, which describes the full range of health workers needed, and lead the development of a 10-year scale-up plan – with short-, medium- and long-term actions, including a massive and immediate increase in community- and mid-level health workers alongside expansion of education and training for more highly trained and specialized health workers.
4. Education ministers and heads of education institutions support the scaling up of health workers with new curricula that are community-, competency- and team-based, aligned with country health priorities and are an integral part of health service delivery – and begin implementation with immediate practical actions such as training trainers, increasing the number of qualified faculty, reducing attrition of teaching staff and students, maximizing use of facilities, and enabling staff to return to healthcare.

5. Local, regional and international organizations build South–South, South–North, regional and public–private partnerships, to deliver increased investment; build up the necessary infrastructure of knowledge and expertise in basic science, public health and management; create centres of excellence; and deliver innovative education and training, based on countries' burdens of disease and healthcare systems, and with support from developed countries.
6. All development partners commit a significant proportion of their financial support to a country as dedicated funding for a country's health plan, in agreement with the government, including the Finance Minister. Some of this would be used to finance the strengthening of health systems, including education and training of health workers, with the exact proportion agreed locally. As an example, the *World Health Report 2006* proposes that 50% of development aid for health is spent on strengthening health systems, with 50% of this being spent on health workforce plans, including education and training. This needs to be accompanied by greater flexibility from finance ministries and the International Monetary Fund, to allow increased support for human capital development and greater investment in the development of health and education systems.
7. The global health initiatives, nongovernmental organizations and all other international health organizations working in a country align their education and training programmes with country health plans and priorities, allocate funds to pre-service education to achieve an appropriate balance between pre-service education and in-service training, tackle fragmentation and duplication, and support the development of wider country health infrastructure. They should also commit to keeping staff pay broadly in line with that of publicly funded health workers.
8. National governments, with support from regional and international organizations, agree on quality assurance systems for education and training, including accreditation, and indicators of progress appropriate to the needs of their country, and develop systematic methods for quality improvement, including quality standards for service and monitoring.
9. The new international initiatives which are addressing health systems and human resources and are part of the Global Campaign for the Health Millennium Development Goals, support 10-year country scale-up plans for human resources, aligned to country health plans, and coordinate their financial and other support. They should sponsor 'real-time' collaborative learning on scaling up among groups of countries with critical health workforce shortages and research on human resources for health, in both developing and developed countries.
10. GHWA continues to play a central role in focusing world attention on education and training as part of wider human resources issues in health, and in the dissemination of learning and good practice.

The Task Force

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Task Force members

- The Honourable Stephen Malinga (Minister of Health, Uganda)
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The report was produced under the overall direction of Imogen Sharp, with background research and specific chapters produced by the teams in Ottawa, Geneva and London as well as at the World Bank.

The Task Force is also grateful to the many other people who contributed to the development of *Scaling Up, Saving Lives*, and provided valuable inputs including policy advice and technical support, who are acknowledged in the main report.