# Linking Challenges, Sharing Solutions:
## The Global Crisis in Human Resources for Health

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North Carolina's shortage and uneven distribution of health workers continues to garner attention, particularly in eastern counties, where rates of chronic disease are among the highest in the nation. As Dr. Paul Cunningham, dean of the Brody School of Medicine at East Carolina University, noted in a recent article, "I wonder why some of our doctors want to serve in Nicaragua, where there is a dire need, but they can drive through [eastern North Carolina] today [and see similar levels of need]" [1].

### Human Resources for Health (HRH): Global and Local Considerations

Without major improvement in the supply of health workers, North Carolina is projected to see a 26% decrease in the number of physicians per capita by 2030 and an 8% decrease in the overall number of primary care professionals (ie, physicians, nurse practitioners, physician assistants, and certified nurse midwives) [2]. At the same time, demand for health workers is expected to increase in the state as more residents obtain health insurance coverage through the passage of comprehensive health care reform legislation. The situation is compounded by the increasing size of the state's elderly population, the increasing average age of North Carolina's nurses (almost one quarter are expected to retire within 10 years), and the severe shortage of nursing faculty needed to expand nursing programs and train practitioners [3]. In addition, the current state of the economy has curtailed many plans for expanding enrollment in medical schools.

Globally, there is a shortage of more than 4 million health workers who are needed to provide access to vital health information, services, and commodities, and the World Health Organization (WHO) has designated 57 countries as facing a health worker crisis [4]. Shortages are exacerbated by maldistribution of health workers between rural and urban areas and among primary care versus specialist cadres.

IntraHealth International, a nonprofit organization that is based in Chapel Hill, North Carolina, and working in more than 30 developing countries, is a leader in the global field of human resources for health (HRH). IntraHealth directs Capacity*Plus*, the US Agency for International Development's flagship project to strengthen the health workforce. One of IntraHealth's primary mandates is to expand and share evidence-based HRH approaches and to encourage sharing of solutions and lessons learned among HRH leaders and practitioners in developing countries.

Less attention has been devoted to considering global initiatives to strengthen HRH in the context of the health worker shortage in North Carolina. How can North Carolina's health care leaders learn from the international experience? Can these programs offer approaches or strategies that can be applied in North Carolina? Can the global situation inform policy in this state?

At the very least, it is important to understand that efforts to address the global and domestic health worker shortages are linked through the issue of migration. Program planners factor in international medical graduates when considering strategies and plans to recruit more health professionals to work in North Carolina and more physicians to train through the state's medical residency programs. On the other side of this equation, out-migration of these graduates from the developing countries where they were trained or that supported their education deprives these countries of their most qualified workers and trainers. When health systems are already fragile, the loss of trained health workers may leave the most-vulnerable people without health services.

Nevertheless, there are also benefits to health worker migration, including the workers' return of earnings to family members in their home country, improvements in experience and education among workers, and the creation of international networks. With the burgeoning opportunities for social networking through specialized Internet sites, jobs and courses are advertised formally and informally all over the world. The migration of health workers, especially nurses, is not new, but the trend in the past decade has been for richer countries to rely heavily on recruiting health workers from poorer countries rather than to improve their own recruitment and retention strategies.

Good health workforce planning is important for all health systems. In addition to migration, literature on the health worker situation in North Carolina highlights many of the same priority factors for strengthening HRH as the global agenda, including increasing the supply and roles of

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nonphysician clinicians; speeding up recruitment; addressing management practices, work environments, quality of life issues, and other factors to improve retention; attracting health workers to rural and underserved areas; exploring new models for community-level delivery of primary care; and balancing the supply of qualified personnel with prevailing demand for services.

## Addressing the Health Workforce in North Carolina

Although context is always an important consideration in developing and implementing intervention strategies to strengthen HRH, a number of approaches used by IntraHealth in its work in developing countries may be of interest to those involved in efforts to address the health workforce of North Carolina.

**Learning for Performance.** IntraHealth's *Learning for Performance* approach offers a step-by-step, customizable process and practical tools to focus health worker training and education on the specific job responsibilities and work environment of employees; to increase efficiency by removing unnecessary content; and to prepare learners for job performance by using experiential, competency-based training methods and by addressing the performance factors that determine whether new knowledge and skills can be used. IntraHealth has used this approach successfully in a number of countries and in a variety of contexts, often as a means of training health workers on the job without disrupting service delivery. The highly participatory nature of the approach has contributed to its success and has fostered teamwork, collaboration, and communication among managers, teachers, trainers, and supervisors, ultimately improving trainees' learning and performance.

***Task shifting.*** There is global interest in task shifting—the rational redistribution of tasks among health workers—to improve productivity. In 2007, IntraHealth leadership participated in a collaborative meeting on this topic in Geneva, Switzerland, to assist the WHO with finalizing recommendations and guidelines for implementing task shifting in countries facing an HRH crisis and a high prevalence of human immunodeficiency virus (HIV) infection. The evidence that task shifting is an effective response to the shortage of health workers comes from developed countries. The United States and the United Kingdom have developed nursing roles and introduced nonphysician clinicians (resulting in task shifting) to extend health services to hard-to-reach populations and to reduce costs [5].

The *Learning for Performance* approach facilitates task shifting by tying learning to specific, identified job responsibilities and competencies. In Mali, IntraHealth put task shifting concepts into action. Because of a severe shortage of skilled birth attendants, most vaginal births, especially in rural areas, are attended by *matrones* (auxiliary midwives). However, the *matrones* were not authorized to perform active management of the third stage of labor (AMTSL) to prevent postpartum hemorrhage, the leading cause of maternal mortality in the developing world. A pilot study showed that, after training in AMTSL, *matrones* were as adept as skilled birth attendants at performing the practice; consequently, the government has authorized *matrones* to perform AMTSL and has called for training them in the practice throughout the country.

Worldwide, millions of women lack access to modern obstetric care because there are not enough *qualified* health workers. Closer to home, in North Carolina, midwives could serve 20%-30% of the poor, rural, and/or minority mothers in the state who receive late or no prenatal care. Use of task shifting in North Carolina to ensure that midwives have a right to practice can expand access to care for people who need it most.

***Multiprofessional service-delivery teams.*** The Capacity*Plus* project is developing a model to strengthen community-level primary health care through a team-based approach involving multiple cadres of health care professionals. These professionals include physicians, nurses, and community members who have been trained to provide services such as home-based treatment of malaria and family planning counseling. The model will incorporate task shifting and integrate community health workers as appropriate.

***Retention and productivity.*** IntraHealth has performed a range of activities to increase knowledge about key factors affecting health worker productivity and retention and has helped countries design and test interventions to influence policies and improve service delivery. In Tanzania and Kenya, simple, low-cost work climate improvement initiatives improved morale and use of services in rural health facilities. These programs addressed factors such as management practices, facility-community linkages, relationships between patients and health workers, patient flow, safe protocols for infection prevention and waste disposal, and refurbishment of facilities and grounds.

At hospitals providing HIV-associated services in 6 Central American countries, IntraHealth and partners assisted national and regional management teams to better support and retain health workers through more-effective supervision. The approach allowed local teams to identify performance standards, to study their current performance, and to bridge identified performance gaps, including improving logistics systems, acquiring basic equipment, addressing stigma and discriminatory practices, and improving infection prevention practices.

Global resources for HRH practitioners may also be of value to agencies and organizations addressing similar issues domestically. The IntraHealth-led Capacity Project (the predecessor to Capacity*Plus*) played a key role with the WHO and the Global Health Workforce Alliance in developing the HRH Action Framework and Web site (available at: http://www.capacityproject.org/framework/), an international effort to bring a shared approach and resources to complex HRH issues at the country level. In addition,

the Capacity Project developed the HRH Global Resource Center (available at: http://www.hrhresourcecenter.org), the world's largest online HRH collection designed to maintain a global exchange of HRH evidence, tools, and innovation.

## Conclusion

Whether in Namibia, Nicaragua, or North Carolina, addressing the HRH crisis boils down to a central point: front-line health workers are the foundation of every health system. As IntraHealth Chief Executive Officer Pape Gaye puts it, "At the end of the day, no matter how many technologies and medicines are made available and partnerships formed, without skilled and supported health workers there to provide care to those in need, health will not improve." NCM

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