Empowering Women through Investing in Nursing and Midwifery Enterprise: Lessons from Lower Income Countries

Strengthening health systems: What are the drivers, key trends and opportunities?

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Economic and demographic trends and their impact on demand for health workers

Proposition – There is an acute and growing shortage of health workforce across the globe

- High income countries face ageing population and increasing dependency, while technological horizons continue to expand
- Middle income countries benefit from rapid economic growth, rising demand for health services from the growing middle class while inequities remain
- Low income countries continue to struggle with growing population and high unemployment, while resources (including skilled health workers) remain limited to meet basic health care needs

Substantial gaps exist between the projections of what countries “need” versus what countries can support based on their economic resources and capacities, if we assume the same health service delivery model and the same technology and productivity.
<table>
<thead>
<tr>
<th>Country</th>
<th>Density of skilled health professionals (doctors, nurses, and midwives) per 10,000 population, c. 2010</th>
<th>Percentage change in workforce required to reach 22.8 per 10,000 threshold by 2035</th>
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</thead>
<tbody>
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<td>Group 1</td>
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Trends in Health Sector Employment and Demand for Skilled Workers

• Evidence suggests technological change has contributed to an increase in the demand for higher skilled workers, resulting in higher returns to schooling for these categories of health workers. This has produced a skilled-bias movement in the health care sector employment.

• The high international return to health professional skills in part explains fast emerging markets for private-for-profit training opportunities, as well as the globalization of health labor market.

• In fast growing middle income country (such as India), this skills-bias can also be explained by the high return to investment offered by the emerging middle class.

Trends in health professional development and employment

- Overall, evidence suggests that health professionals prefer specialization and avoid careers in primary care or serving remote and disadvantaged populations. This trend obtains consistently across high, middle and low income countries, across health professional cadres and over time, with only few exceptions. (McPake et al, forthcoming, World Bank)

- This presents a major challenge to countries aspiring to achieve and sustain Universal Health Coverage, which require re-directing health workforce supply and demand toward primary health care and to serve disadvantaged population groups.

- At the same time, many countries with acute health worker shortage also face high unemployment, especially among women and youths.
Changing health workforce composition and skills mix

• Shortages in health workers for primary health care has generated an expansion in the mid-level provider role in a number of countries.
• Countries actively seeking to recognize such cadres show primary care services are better able to meet population health needs.
• The shorter training time for these providers has helped improve health systems capacity to respond to demands for preventive and primary care services, but questions are raised about the quality of care.
• The HIV/AIDS epidemic in Sub-Saharan Africa provides examples of how mid-level provider roles emerged and enabled the expansion of primary care and obstetric services.
Impact of the changing composition of health workers

The development of a new types of health professionals has ramifications across a health system.

• By taking up employment occupied by other cadres, it affects the education and training curricula of all professionals

• The emergence of mid-level workers also affects the rates of return to education in different health professions, and is generating resistance / reactions from established professionals

*How are nursing and midwifery professionals responding to these changes, and what (new) roles can they play in a changing healthcare environment?*
Lack of data on health labor market hampers research and analysis of trends

- Outsides of the US, there is a serious lack of data on wages and incomes of health professionals.
- Multiple problems exist with existing internationally reported data about healthcare professionals.
- The common approach of reporting total numbers of each cadre does not capture the educational and training differences across countries nor actual workforce composition.
- Efforts are being initiated (WHO, World Bank) to strengthen country capacities to establish and maintain Health Workforce Accounts meeting standardized minimum data requirements.
Lack of understanding about the health worker preferences and behavioral responses hamper policy design

• In addition to the lack of data on health sector labor market, there is very limited understanding of worker preferences and how they respond to different incentives (wages, employment conditions, professional networks, regulatory environments)

• Behavioral economics and sciences are only just beginning to inform policies.

• Understanding the health worker’s career aspirations and preferences, team dynamics and the importance of connectivity with peer networks, will be an important agenda for policy research and evaluation.