



# EVERY MOTHER COUNTS

## EDUCATION

### Topic Overview



The lack of educated and trained skilled birth attendants—doctors, midwives, or nurses with midwifery skills—contributes to two million maternal and newborn deaths each year<sup>1</sup>. In Africa and Asia, fewer than half of women giving birth have a skilled attendant present, and the number is significantly lower in rural areas and poorer countries.

Worldwide, 83 countries<sup>2</sup> face critical healthcare worker shortages, defined by the World Health Organization as countries that do not have the minimum number (22.8 physicians per 100,000 people<sup>3</sup>) of health care workers necessary to meet the health related MDGs. For example, in the US there are 245 doctors for every 100,000 people<sup>4</sup> but in Tanzania, there are only 2. Ultimately, countries with health worker shortages need to educate, train and retain providers at a variety of levels to address their needs. In the meantime, communities are finding creative

solutions to ensure that providers at all levels are being utilized to their maximum capacity.

Education is also needed for girls and women in need of care. Having access to information about their own health, prenatal care and healthcare options will ensure that women are active participants in their own successful health outcomes.

## Background Information



### **Contributing Factors in the Healthcare Worker Shortage**

Several contributing factors determine the density of healthcare workers for a given population:

**Distribution of Healthcare Workers:** All over the world, healthcare worker density is generally highest in urban centers with hospitals and higher income populations. Seventy five percent of the world's doctors and sixty percent of nurses work in urban areas<sup>5</sup> while about half the population lives in rural areas. These statistics are even starker in developing countries. In Bangladesh over 35% of the doctors and 30% of the nurses are located in urban areas, home to only 15% of the population<sup>6</sup>.

Healthcare workers in rural areas struggle with inadequate pay, overwhelming responsibilities, absent or inadequate housing, fewer educational opportunities for their families, and chronic understaffing. These poor working and living conditions make it difficult to attract and retain capable healthcare workers. In Tanzania, for example, fewer than half of the enrolled medical students were willing to take rural postings, even though many had grown up in rural areas. A survey in South and Southeast Asia found that qualified healthcare workers avoided postings in

rural areas because of lower salaries, lower prestige, and social and professional isolation.

**Brain Drain:** The migration of skilled healthcare workers to developed countries with better paying jobs and better standards of living adds to the shortage of trained healthcare providers in developing countries. Africa loses 20,000 skilled healthcare providers per year, with more than 60% of doctors migrating to developed countries such as Great Britain and the United States.<sup>7</sup> The outmigration of nurses is also high. For example, 34% of nurses and midwives trained in Zimbabwe are now working abroad.

**Lack of Medical Schools:** Most African countries have only one medical school for the entire country; in some countries there are no medical schools at all. Medical schools and training often focus on advanced treatments and not on primary care, prevention, rural healthcare, and basic treatment for common medical issues. In addition, training is needed for nurses, midwives, anesthetists, pharmacists and other essential care providers.

## Strategic Approaches



Expanding developing countries' capacity for education requires the education and training of healthcare workers on all levels and many organizations are focused on capacity building. For example, Seed Global Health (a partner-program with the Peace Corps) is cultivating the next generation of health professionals by matching medical and nursing volunteers from developed countries with their peers in resource-limited settings. Volunteers commit one year of service to collaborate with local educators to enhance education and increase provider capacity. This program's potential for rapidly increasing the number of providers in countries lacking healthcare workers is impressive. Global Health Corps is another organization that's tackling the healthcare worker shortage by providing opportunities for young professionals from diverse backgrounds to work and train on the frontlines of the fight for global health equity.

Every Mother Counts is also working to address health worker shortages through our partners in Haiti, Midwives for Haiti and Partners In Health (PIH). In Mirebalais, Haiti, PIH was integral to the building and development of the new Mirebalais teaching hospital. They're educating providers and healthcare workers on all levels, including midwifery to increase their ability to provide for women's reproductive and perinatal health. Midwives for Haiti is addressing the severe lack of maternal healthcare providers by offering an in-depth midwifery curriculum to

select students. Upon graduation, these students are trained to provide basic prenatal, antenatal and postpartum healthcare as well as reproductive healthcare to women in their communities.

Traditionally, most countries expect doctors and midwives to provide the full range of comprehensive emergency obstetric care services. While there is no doubt that an increase in these professionals is needed, increasing the numbers of training institutions or class sizes at existing institutions requires significant investments. Many countries are also looking to immediately available cadres of workers such as non-physician clinicians (NPCs) (also known as mid-level providers (MLPs)) to undergo shorter-term training and provide services that have formerly only been provided by physicians.

### **Task Shifting and Training**

Task shifting is a process of delegation that allows lower-level healthcare providers to perform some of the tasks normally reserved for higher-level providers. This generally entails shifting tasks from doctors to health clinicians (Mid-Level Providers), from health clinicians to registered nurses (RNs) or midwives, from RNs and midwives to community health workers, or from community health workers to expert patients (patients living with chronic conditions who are trained to provide support and education to others in their community.)

MLPs take on the tasks traditionally performed by doctors. They receive two-to-three years of specialized training (most already have bachelor's degrees and some have graduate/master's level education) in a particular skill area, such as anesthesia, emergency obstetric care, etc. MLPs work autonomously and are able to diagnose, treat illness, and perform designated procedures and surgeries.

Twenty-five of the 47 sub-Saharan African countries have initiated programs to train MLPs in basic emergency obstetric care (which includes administering medications, manual removal of the placenta and retained products, assisted vaginal delivery and neonatal resuscitation, but does not include surgery or blood transfusion).<sup>8</sup> In a few countries, including Tanzania, medical officers, midwives, and other MLPs have also been trained to perform cesarean sections and other emergency obstetric surgeries with excellent results. A recent study of two regions of Tanzania showed that during a one-year period, 84% of cesarean sections and emergency obstetric surgeries performed in district hospitals were done by MLPs. There was no difference in patient outcomes when compared to treatment by doctors. Studies in other countries using MLPs have shown the same results.

In areas with low contraceptive prevalence, high unmet need, poor access to methods and limited access to clinic-based services, community health worker provision of contraceptives, including injectables, can expand choice and increase uptake of family planning services in the most needy areas. Competency-based training of community health workers has enabled the safe provision of injectable contraceptives in more than a dozen countries, including Afghanistan, Bangladesh, Bolivia, Guatemala, Ethiopia, Haiti, Madagascar, Malawi, Nepal and Uganda.

Workers who are selected from an underserved community and trained to provide certain services, as has been done in Ethiopia's Health Extension Worker program, are less likely to leave that community for other areas (see Preventing Workforce Migration below). Ethiopia's 30,000 workers, mostly younger females, were originally intended to bring basic primary care and family planning services to rural villages, and are now receiving training in additional services their communities need.

### **Female Healthcare Workers**



Female workers have an especially important role to fill in the healthcare workforce. Social or cultural barriers often prevent women from visiting male healthcare providers even when they and their children are ill and need help. Especially in rural areas, husbands and elder family members often decide

whether a woman may go for healthcare outside the home, and may deny permission if the healthcare worker is a man. Evidence suggests that female healthcare workers are also more likely to stay in rural areas, especially if they are connected to the area through family and social networks and do not feel isolated.

One example where female health workers have made a tremendous difference is the Lady Health Workers program in Pakistan and Afghanistan, which combines task shifting with recognition of the cultural barriers that women seeking healthcare face. The prospective Lady Health Workers train for three months to learn how to provide basic health services, such as family planning, immunization, hygiene, and pre- and post-natal care. They then spend one year gaining experience in the community and then return to their home areas to provide care. They don't perform deliveries, but they do ensure that women receive prenatal care and they link women with local health centers and, if necessary, emergency obstetric care.

### **Creating an Enabling Environment**



In order to be effective, health care workers need to work within an enabling environment in a well functioning health system. That system must include regulatory frameworks, standards and protocols for high-quality care, adequate

human resource and management systems, essential drugs, supplies and equipment, a working transportation and referral system, and functioning mechanisms for quality improvement. Development of such an environment for health care workers is key to their retention and ability to do their jobs.

### **Preventing Worker Migration**

Training local workers, in local languages and skills that are relevant to local conditions can limit worker migration to other areas. Success is dependent on providing on-the-job incentives, support, and benefits provided by key institutions such as universities and professional associations. Other benefits, such as good pay, quality management, improved living conditions and potential for career development, are also important in retaining workers.

The WHO has developed a code of practice on the international recruitment of health personnel that provides a global response to health workforce migration concerns. That code establishes and promotes voluntary principles and practices for ethical international recruitment of health personnel and facilitates the strengthening of health systems. They recommend ethical recruitment of health personnel, which specifically discourages active international recruitment from developing countries facing critical shortages. Destination countries are encouraged to collaborate with source countries so both can derive benefits from international migration. All countries, as well as international organizations, donor agencies and development institutions are encouraged to provide support and assistance to developing countries to develop and maintain their health workforce.

Migration isn't always a bad thing. It can offer health personnel new professional opportunities. Personnel who return to their home countries bring the skills and experience they acquired while abroad. Countries may consider offering incentives, such as preferential rates for loans or subsidized scholarships, to encourage workers who have migrated to return to their home country. This model has been successful in the Philippines, which has been training nurses for export for many years. Philippine-trained nurses constitute 76% of foreign nurse graduates in the US. Filipino health workers receive numerous social benefits if they return to the Philippines. While working abroad they often continue to contribute to the local economy by remitting significant amounts of money to their families in the Philippines.

Resources:

1. Partnership for Maternal, Newborn and Child Health  
World Health Organization  
Press Release, June 2010  
[Lack of skilled birth care costs 2 million lives each year: Report shows both mothers and newborns at risk](#)
  
- 2., 3. Global Health Workforce Alliance  
A Universal Truth: No Health Without a Workforce  
Third Global Forum on Human Resources for Health Report  
Global Health Workforce Alliance and World Health Organization  
November, 2013
  
4. World Health Organization  
[Health Density Workforce of Physicians](#)
  
5. [Global Health Council Healthcare Workers](#)
  
6. Human Resources for Health  
[Gilles Dussault](#)<sup>1</sup> and [Maria Cristina Franceschini](#)<sup>2</sup>  
Published online May 27, 2006. doi: [10.1186/1478-4491-4-12](#)
  
7. UNFPA  
[Finding Ways to Deliver For Women Where Doctors Are In Short Supply](#)  
By Kathleen S. White and George Ngwa  
July 14, 2009
  
8. World Health Organization  
[Task Shifting To Tackle Healthworker Shortages 2007](#)