

Worldwide shortage of health workers threatens effective health coverage

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More than 43 million additional health workers are needed to meet targets for universal health coverage around the world, according to a new peer-reviewed study by the Institute for Health Metrics and

Evaluation (IHME) at the University of Washington's School of Medicine that was published today in *The Lancet*. The largest gaps were observed in sub-Saharan Africa, South Asia, and North Africa and the Middle East.

"These are the most comprehensive estimates to date of the global health care workforce," said senior author Dr. Rafael Lozano, Director of Health Systems at IHME. "Health care workers are essential to the functioning of [health systems](#), and it's very important to have these data available so that countries can make informed decisions and plan for the future."

The researchers looked at shortages in four categories: physicians, nurses and midwives, dental personnel, and pharmaceutical personnel. In 2019, they estimated that more than 130 countries had shortages of physicians and more than 150 had shortages of nurse and midwives. When comparing current levels of [health care workers](#) to the minimum levels needed to meet a target score of 80 on the [universal health coverage](#) (UHC) effective service coverage index, researchers estimated a shortage of more than 43 million health care workers, including 30.6 million nurses and midwives and 6.4 million physicians.

"We found that the density of health care workers is strongly related to a nation's level of social and [economic development](#)," said lead author Dr. Annie Haakenstad, Assistant Professor of Health Metrics Sciences at IHME. "There are different strategies and policy approaches that may help with addressing worker shortages, and these should be tailored to the individual situation in each country. We hope that these estimates can be used to help prioritize policy interventions and inform future planning."

The study revealed more than a 10-fold difference in the density of health care workers across and within regions in 2019. Densities ranged

from 2.9 physicians for every 10,000 people in sub-Saharan Africa to 38.3 per 10,000 in Central Europe, Eastern Europe, and Central Asia. Cuba also stood out, with a density of 84.4 per 10,000 compared to 2.1 in Haiti.

Similar disparities were observed in measuring numbers of nurses and midwives, with a density of 152.3 per 10,000 in Australasia compared to 37.4 per 10,000 in Southern Latin America. Despite steady increases in the health care workforce between 1990 and 2019, substantial gaps persisted.

The researchers cited existing literature that highlights factors that contribute to [worker](#) shortages, including out-migration of health workers, war and [political unrest](#), violence against health care workers, and insufficient incentives for training and retention. They noted that high-income locations should follow WHO guidelines on responsible recruitment of health personnel to avoid contributing to workforce gaps in lower-income regions.

These findings show how ill-prepared the world was when the COVID-19 pandemic swept across the world, taxing health systems that already were short of crucial frontline workers. Having these estimates today will help policymakers, hospitals, and medical clinics prepare for future pandemics by turning their attention to training and recruitment. The authors also note that there is still much to learn about the impact of the pandemic on the health workforce. This includes gender dynamics in human resources for health (HRH) and how the departure of women from formal employment for care-taking duties at home may have depleted the [health](#) workforce, among other stressors on HRH during the pandemic.

More information: Annie Haakenstad et al, Measuring the availability of human resources for health and its relationship to universal health

coverage for 204 countries and territories from 1990 to 2019: a systematic analysis for the Global Burden of Disease Study 2019, *The Lancet* (2022). [DOI: 10.1016/S0140-6736\(22\)00532-3](https://doi.org/10.1016/S0140-6736(22)00532-3)

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