

Catalyzing Human Resource Mobilization: A Look at the Situation in Nigeria

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Background

- **Under-five mortality rate:**
 - Rural areas: 243 per 1,000 live births
 - Urban areas: 153 per 1,000 live births
- **Delivery with a skilled worker**
 - Rural areas: 59% of women
 - Urban areas: 26% of women



Unlike most of Sub-Saharan Africa, rural areas in Nigeria have a higher HIV/AIDS prevalence than urban areas

Purpose of the Study

- **Assess current HRH situation including:**
 - Availability, skills mix, and distribution of HRH
 - Changes in the HRH stock (attrition and entry of new graduates)
- **Project future availability of HRH**
- **Estimate future HRH requirements consistent with health targets (PEPFAR and MDGs)**
- **Use findings to develop policy recommendations**

Methodology

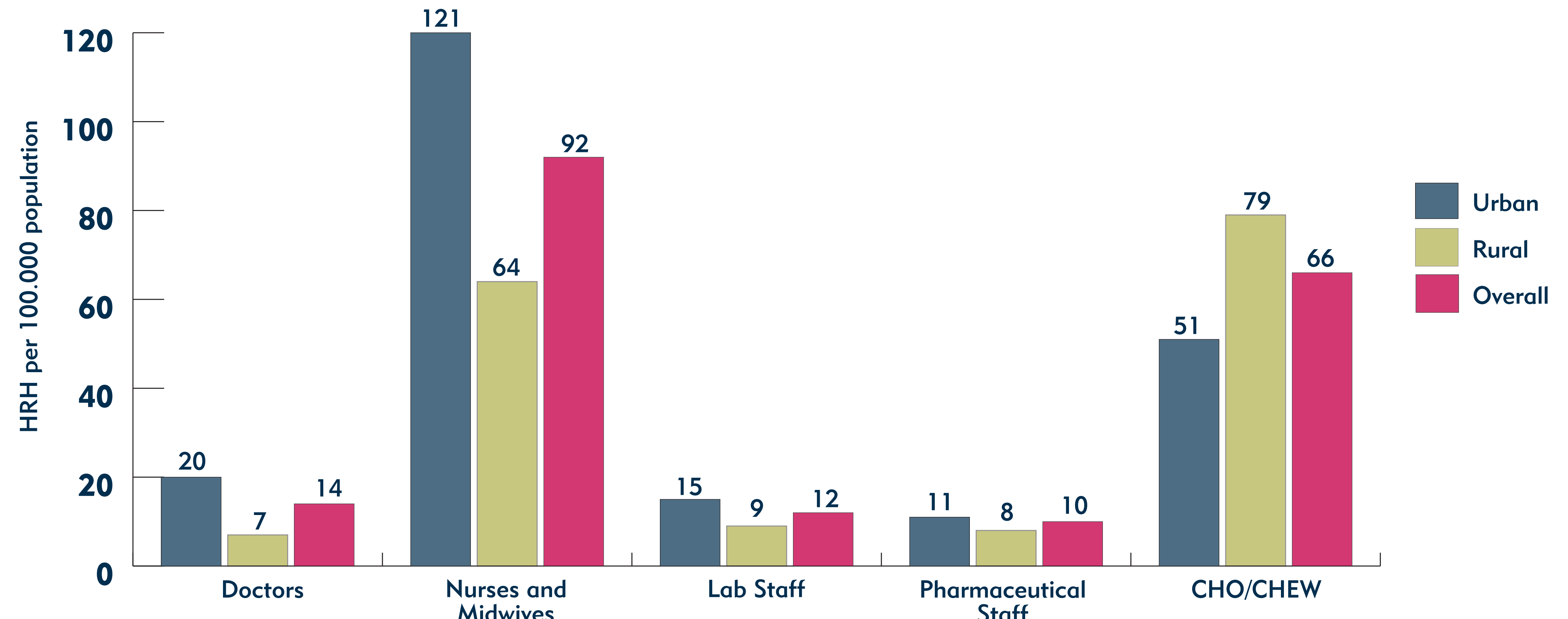
- **Nationally representative approach**
- **290 public sector health facilities surveyed, representing all levels of care**
- **Sample selected using two-stage stratified sampling: 2 states per geopolitical zone and systematic random sample of facilities within each state**
- **States included in the sample: Kano, Sokoto, Adamawa, Borno, Kogi, Niger, FCT, Lagos, Ondo, Akwa Ibom, Cross River, Anambra, Imo**

Finding I. Size, Skills Mix, and Distribution of HRH in the Public Sector per 100,000 Population (2005)

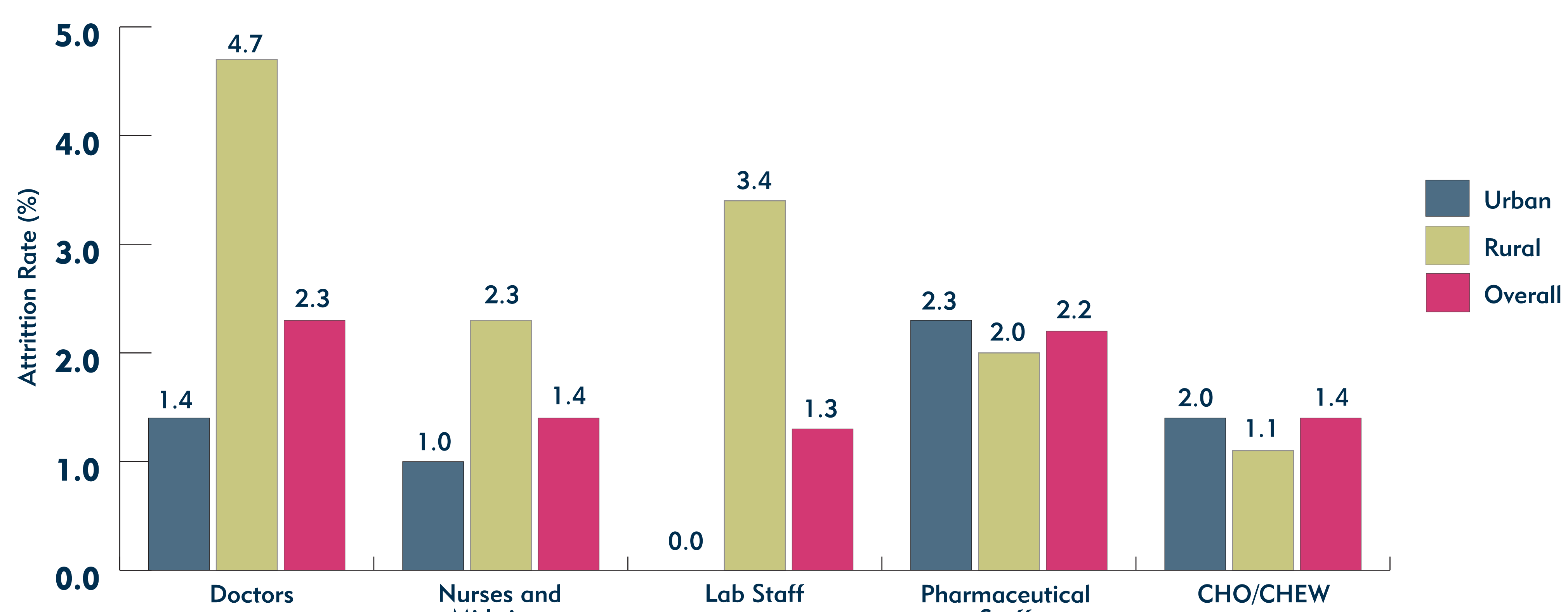
Zone	Doctors	Nurses and midwives	Lab staff	Pharma Staff	CHOs/CHEWs
North West	15	68	10	9	60
North East	7	90	7	3	76
North Central	14	155	21	11	101
South West	21	89	17	21	65
South South	10	125	10	8	69
South East	10	30	4	2	18

- **Nigeria has one of the largest stocks of HRH in Africa: 28 doctors and 170 nurses per 100,000 population**
- **HRH assessment revealed a critical maldistribution of health workers**
- **Urban residents have access to nearly 3 times more doctors and 2 times more nurse/midwives than do rural residents**
- **Distribution by levels of care shows: primary care level has 19% of doctors, 31% of nurses and midwives, 42% of lab and 38% of pharmaceutical staff working in the public sector**

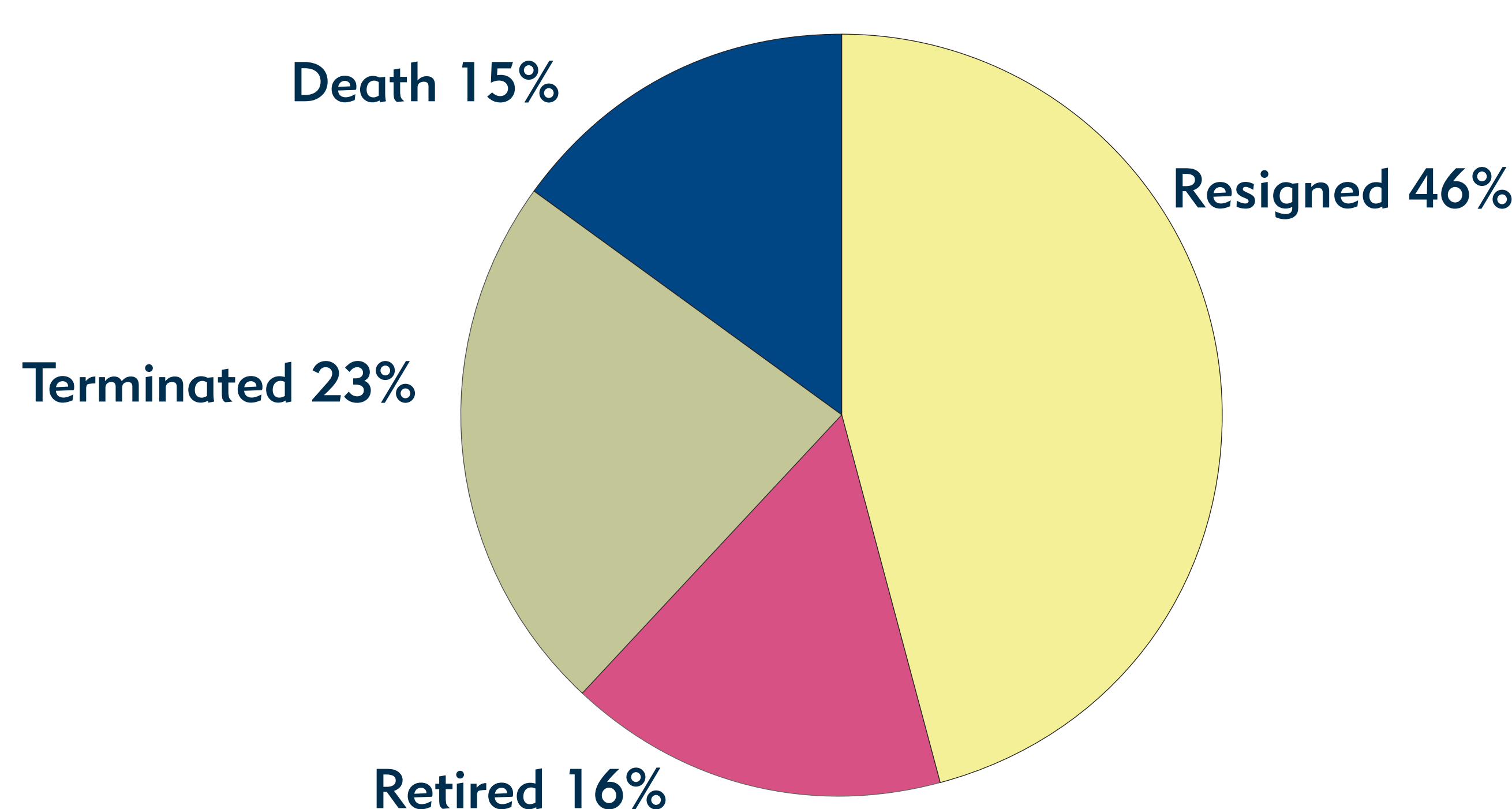
Number of Public Sector Health Workers per 100,000 Population (2005)



Finding II. Changes in HRH Stock in the Public Sector: Attrition (2004 to 2005)



Reasons for Leaving the Public Sector (2005)



Comparison of the HRH Stock Increase from New Graduates and Attrition Rates in the Public Sector (2004 - 2005)

Categories	Average annual increase of Graduates (%)	Attrition (%)
Doctors	7.70	2.34
Nurses & Midwives	1.14	1.43
Lab staff	3.42	1.26
Pharmaceutical staff	3.56	2.16
CHO/CHEWs	3.25	1.44

HRH Requirements for Reaching the MDGs in the Public Sector

Zone	2015 Projected	2015 Required for MDGs	Surplus(+) or Shortage (-)
Doctors	25,521	24,147	5%
Nurses/Midwives	117,435	157,315	-34%
Pharmacists	14,211	19,021	-34%
Lab Technicians	18,625	24,003	-29%
CHWs	99,503	108,600	-9%

Concluding Remarks

- **Rural areas are disadvantaged compared to urban areas in terms of available health personnel**
- **Attrition rates for doctors, nurses and midwives, and lab staff are higher in rural than in urban areas**
- **The number of new graduates joining the public health sector exceeds the number of health workers leaving, for all categories except nurses and midwives**
- **However, the overall increase in the health workforce is not enough to reach health services targets**
- **To reach MDGs by 2015, the public sector will require a steady increase in HRH, particularly in rural areas**