



# Catalyzing Human Resources Mobilization:

A look at the situation in Nigeria

presented by

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**May 30, 2007**

**Global Health Council Annual Conference,  
Washington DC**



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# Catalyzing Human Resources Mobilization: Need for Evidence-based Planning

- Adequate human resources for health (HRH) are a key requirement for reaching health goals
- Quality data and accurate projection of future HRH requirements are needed to inform the health policy planning process
- In Nigeria, as in many countries in the region, scarce data on the availability, distribution, and trends in HRH has been a barrier to effective HRH planning

# Key Questions for HRH Planning

- What is the current availability, distribution, and rate of change of HRH?
- What are the HRH requirements to reach national health goals?
- Is production of new graduates from medical/health training institutions sufficient and appropriate to reach the goals?

# Partnership to Provide Empirical Evidence for HRH Planning in Nigeria

- In 2006, PHR*plus*,\* a USAID-funded project, partnered with the National Action Committee on AIDS (NACA), the Federal Ministry of Health, state and local government health officials to assess HRH in the public sector in Nigeria
- Roles of the partners:
  - PHR*plus* provided technical expertise in the study design and analysis
  - NACA and MOH helped tailor the study framework to the local context, conduct the survey, dissemination and advocacy of study results
  - State and local government health officials provided assistance with survey activities, participated in review of initial report

\* Partners for Health Reform *Plus* ended in Sept. 2006. A follow-on project, Health Systems 20/20 began in Oct. 2006.

# Partnership to Provide Empirical Evidence for HRH Planning in Nigeria

The HRH assessment covered:

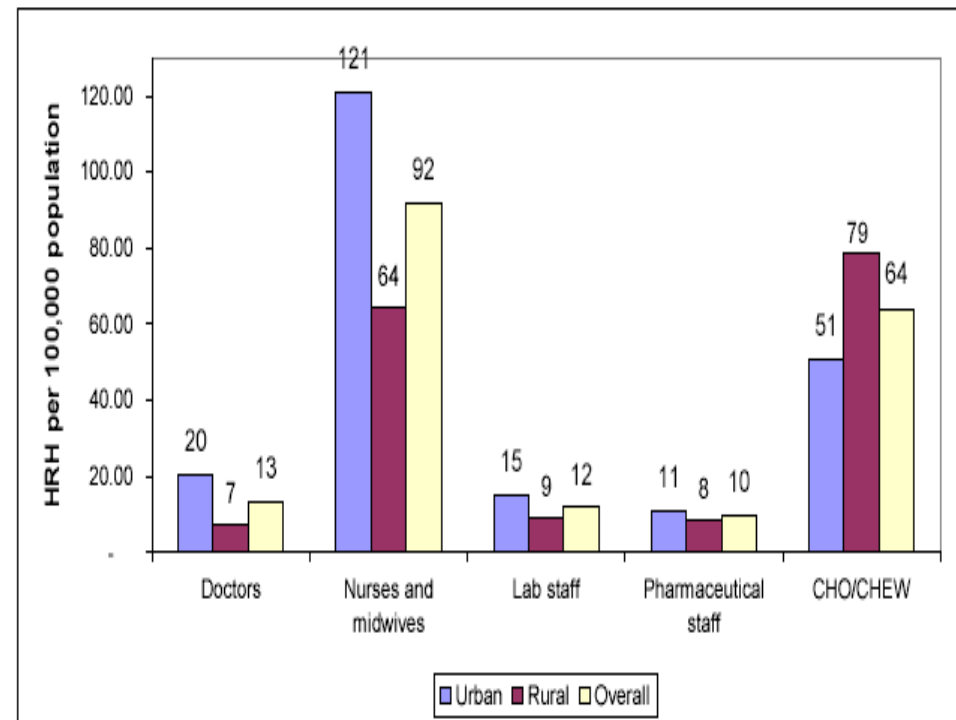
- Key HRH categories: doctors, nurses/midwives, lab technicians, pharmacists, and community health workers
- Priority health care services: MCH, malaria, HIV/AIDS, and TB

# Developing Empirical Evidence for HRH Planning: Four Steps

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

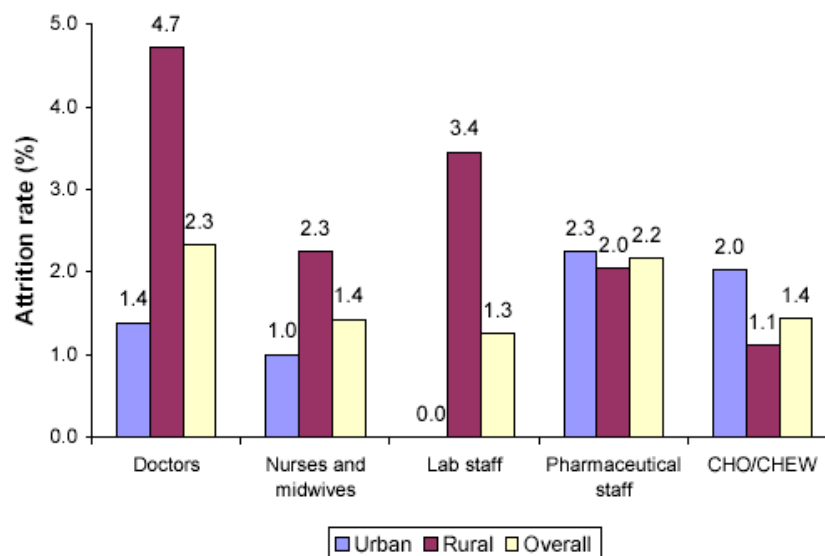
# Current HRH Situation: Availability, Skills Mix, and Distribution of HRH

- Nigeria has 13 doctors, 92 nurses/midwives, and 64 CHWs in the public sector per 100,000 population
- However, an urban resident has access to 3 times more doctors and twice as many nurses/midwives, compared to a rural resident



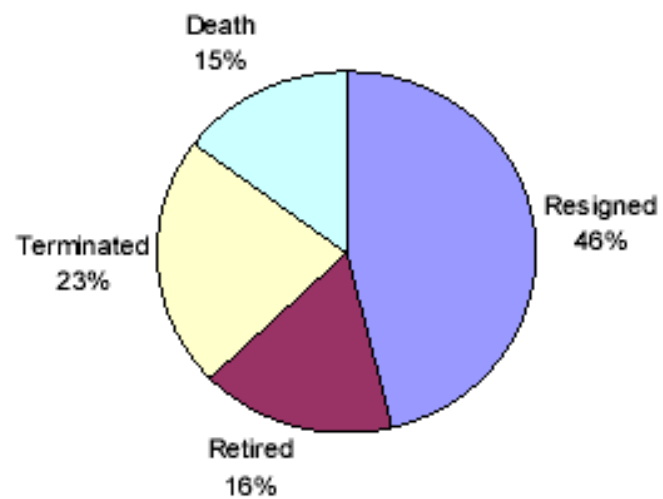
## Current HRH Situation: Attrition

- Attrition rates are between 1.3% and 2.3%, and are highest among doctors and pharmacists
- Rates for doctors and nurses are much higher at the primary level of care than at secondary/tertiary level
- Attrition rate in rural areas is 3 times higher for doctors and 2 times higher for nurses than in urban areas



# Current HRH Situation: Attrition

Reasons for health workers leaving the public sector



## Current HRH Situation: New Graduates

Increase in the health workforce:

- Main source of increase comes from new graduates (83% of total new incoming staff)
- 60% of new graduate doctors but only 25% of new graduate nurses/midwives entered public sector
- New graduate nurses accounted for only 1% increase in the number of public sector nurses

# Estimating HRH Requirements

HRH requirements to reach PEPFAR and MDG-related targets were estimated using:

- Target number of patients (e.g. number on ART, deliveries with skilled birth attendant)
- Proportion seeking care in public sector
- Number of official working days
- Time spent per patient (health facility survey)
- Number of visits for each health service (clinical protocols)

## Nigeria: Projected and Required HRH

	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%

The public health sector in Nigeria will not have sufficient number of health workers to reach the MDGs, at current rates of attrition and in-service training.

## Strategies to Address HRH Shortages

- Incentives to attract and retain health workers
  - housing, in-service training and career development opportunities, subsidy for school fees and transportation, hardship pay for rural/underserved areas
- Utilization of unemployed and retired health workers:
  - expanded hiring, contracting, in-service training
- Scaling up and adjusting skills mix of pre-service training

# Challenges for HRH Assessments

- Data on HRH is often incomplete, no systematic inventory of health workers
  - Result: need to conduct primary data collection (expensive, time consuming, and is only a snapshot of the HRH situation)
  - Potential solution: establish ongoing monitoring mechanism to provide input for HRH planning.
- Private health sector
  - Typically provides a large share of most health services
  - More fragmented (compared to public sector) and thus more difficult to assess

# Thank you

Contact persons:  
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Study report available at:  
[http://www.phrplus.org/Pubs/Tech111\\_fin.pdf](http://www.phrplus.org/Pubs/Tech111_fin.pdf)

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