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Health Workforce Shortage: Are there Potential Ways Out of the Current Healthcare Crisis?

Addressing Zimbabwe's Health System Demise and Brain Drain by Revitalizing the PHC4UHC by 2030- *rebuilding a fragile health system from the bottom up*

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INTRODUCTION

- Since 2010, the Health Sector has not been able to absorb all the nurses produced from the various training institutions owing to a number of factors, such as the freeze on recruitment and failure to expand the Ministry of Health and Child Care's staff establishment in line with the increase in workload since the last review in the 1980s.
- Consequently, discussions were being held on how best the country could handle the issue of unemployed nurses who were bonded to the Government, with the suggestion to export them to countries that needed them being seriously considered.

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BACKGROUND

- One of the major challenges facing Zimbabwe's public health care system is brain drain. Doctors, nurses and pharmacists have left and continue to leave the country to destinations like Botswana, Lesotho, Swaziland, Namibia, South Africa, United Kingdom, New Zealand, United Arab Emirates, and Australia to name few. In fact, reports from the Zimbabwe Human Capita revealed that Zimbabwean health professionals are found in nearly all countries, including non-traditional destinations such as Turkey, Poland and Spain.
- Active recruitment of Zimbabweans is occurring despite the existence of regional and international codes on recruitment. Such movement of health workers almost collapsed the health delivery system in Zimbabwe in 2023.
- The staff establishment has not been adjusted to accommodate a growing population, disease burden and new challenges which include emerging and re-emerging diseases, pandemics, climate, mental health, substance abuse and the dwindling resources. There have been limited attempts to improve remuneration and benefits for key staff, while the management has limitations on management and governance of a professional workforce. This has further fueled the brain drain.
- The current establishment was last reviewed in the mid-1980s when Zimbabwe had a small population of six million and the population is now estimated at sixteen million. Disease burden in the 1980s was not as high as it is in the new millennium. This has unfortunately resulted in a situation where one nurse is doing the work of twenty-five nurses and one doctor doing the work of nine doctors according to WHO thresholds of best practice.

THE DECLINE

- The country's health system has since suffered considerable reversals mostly due to major decisions that have not considered health and the key determinants of health as being central to a nation's development.
- The health care workforce which is the bedrock of effective and efficient health care systems has continued to suffer significant disturbances, yet they remain invisible and suffer vulnerabilities including the Covid-19 impact on them, their workmates and close family members.
- Meanwhile the country has a constitution which articulates health and its determinants as rights to all Zimbabweans, and related laws and bylaws which are largely ignored to the detriment of public health. This has again translated into abnormal workloads for the few health workers, overwhelming the paltry resources. It has also resulted in outbreaks which further drain human and material resources and disrupt the few services. The result has been very adverse health outcomes and excess avoidable mortality in the general population and vulnerable groups including women children and the elderly.

BRAIN DRAIN

The country has failed to stabilize the brain drain of a number of decades, and recently some clinics in the capital city have closed for lack of staff, sound management decisions and finances. Health care workers, (HCWs) continue to be trained but fail to fill the posts established in the 1980s, let alone the posts and establishment required to deal with the current population, disease epidemiology and health and development targets. They have continued to enrich other establishments and countries while the gap they leave in the country's institutions continues to glare.

ECONOMIC SITUATION

- The prevailing macroeconomic situation has impacted negatively on the health sector in a variety of ways; especially in reduced access to health care services by the general population in both the public and private sectors.
- The inadequate public financing of health has resulted in a poorly run, poorly performing health system with an overreliance on out-of-pocket and external financing which is highly unsustainable and inconsistent with achieving UHC
- There has been persistent underfunding translating to poor functionality across the six building blocks of a health system (WHO). This has frustrated well trained staff to leave the public health system for the private sector and other countries.

ACCESS TO SERVICES

- Health service provision in the country has been on the decline for a number of years against a background of significantly dwindled staff. This means that both geographical and functional access to health care services has reduced. Determinants of health remain neglected and have not been considered in the health service package nor in the rights of nationals.
- Zimbabwe suffers from inadequate public infrastructure and ill-equipped hospitals. A number of patients have to travel inordinately long distances to access primary and other level health care facilities, which often have no basic temperature, blood sugar or blood pressure monitoring nor medicines.

CORRUPTION

- Corruption and misuse of resources remain endemic in the health sector, diverting the much-needed resources away from health care delivery and reducing patient access to services. Examples include medical staff who divert drugs and spend more time in private practice when they are supposed to be working in public hospitals.
- Despite the “free healthcare” policy, most of the times the selected vulnerable groups still buy their own medication due to non-availability in both rural and urban public health facilities. This necessitates further travel to access pharmacies and laboratories at the districts or towns, thus impacting negatively on the access and placing hardship on those with limited or no means to travel further.
- We also intend to address some malpractices that are fueled by the high levels of corruption and other malpractices, support the reforms of identified instruments of management, governance and accountability to support the government improve on healthy services delivery, {HCC, Institutional Governance mechanisms} We will identify structural processes including the recently launched health workforce strategy/framework and expand the focus on PHC while supporting the national public health structures

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REVITALIZING PRIMARY HEALTH CARE

- The government must therefore re-prioritize health and work hard to address the major health and development challenges and use the WHO guidance to achieve equity and quality in health through UHC. This includes promoting a multi-sectoral approach with regards to health, the social and economic determinants of health including gender equity and women's empowerment recognizing health as represented in the 13 targets under SDG 3, and in 35 additional health related targets under other SDGs.
- So our situation is as follows: The health delivery system in Zimbabwe is a pale shadow of its former self across all aspects of prevention, to curative and rehabilitative services. From an exemplary system with regional recognition for data, surveillance, improved health outcomes, training and medical tourism among other aspects of a well performing healthcare system, it has collapsed and is characterized by poor access and utilization of services at all levels.

Health Workforce Strategy (2023-2030)

- Following cabinet's approval, the Government of Zimbabwe has launched the Health Workforce Strategy (2023-2030) to transform the country's human resources for health capacity in ensuring the highest quality of life for all Zimbabweans by 2030. This comprehensive strategy addresses critical gaps in the health workforce and is set to be the foundation for a sustainable healthcare system. In conjunction with this strategy, the Government has signed the Health Workforce Compact (2024-2026), underscoring a commitment to accelerate investments in health workforce development and to enhance collaboration across sectors.
- To enhance the financial sustainability of the health workforce, the strategy aims to improve stakeholder involvement in funding initiatives and increase public sector health workforce spending from $9 per capita to at least $32 per capita by 2030. It also seeks to align investments among government, private sector, and development partners to ensure a sustainable health workforce.

Conclusion

As the CWGH, we have been advocating for a reform of the healthcare system by revitalizing the PHC. We have developed a policy brief (PHC4UHC) and an accompanying health financing approach that comprises a health financing dialogue and advocacy for a national health insurance. We also intend to address some malpractices that are fueled by the high levels of corruption and other malpractices.

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