

Situation Analysis of Health Care Workers in Sub-Saharan Africa

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Abstract

There is a severe shortage of health care professionals (surgeons, oncologists, nurses, interdisciplinary teams, etc.) in Sub-Saharan Africa. The health workforce is the backbone of each health system, the lubricant that facilitates the smooth implementation of health action that threatens the quality and sustainability of health care systems throughout the world. They are essential for sustainable socio-economic development. To mitigate this problem, a number of organisational and educational strategies are suggested.

The best time to plant a tree was 20 years ago. The next best time to do it is now.

- African proverb

Keywords: Health Care Workers; Health Workers; Africa; Shortage; Possible Solutions

Introduction

Sub-Saharan Africa (SSA) is a region characterised by a wealth of natural resources, political instability, poverty, low levels of human development and adverse health conditions of all kinds: from the health care itself, to the lack of available resources, budget, government policies, other social determinants and human resources. All the above factors are modulated by governments of different countries with little opportunity for community participation. All contribute to the inaccessibility of health care and difficulties in transporting of patients, directly affecting access and coverage to the disadvantage of those residing in rural communities. These are regarded as social injustices that produce health inequity due to the unfair distribution of goods, services and privileges across populations. The shortage of health workers (HW) and their reluctance to work in rural areas in preference for big cities contribute to the obvious dearth of manpower. Not only has it considerably constrained achieving health-related development goals, but has also impeded progress towards Universal Health Coverage (UHC).

Situation analysis and context

The WHO estimates an undersupply in SSA of almost 4.3 million doctors, midwives, nurses and other healthcare professionals [1]. High-income countries have an average of almost 90 nurses and midwives per 10,000 people, as compared with some low-income countries that have fewer than 2 per 10,000 people [2].

This imbalance results in North America and Europe gaining 65% of healthcare workers, yet bearing only 20% of global disease. Africa, in contrast, bears 24% of the health burden with only 3% of the global health workforce [3, 4]. Africa has a severe shortage of doctors, nurses and other health specialists and there is an urgent need to provide universal access to health, education and other basic services for all. As of 2015, this region had an average of 1.3 health care workers (HCW) per 1,000, far below the 4.5 per 1,000 required for Sustainable Development Goals (SDGs); yet, health systems are designed more for urban elites, with little coverage when it comes to the needs of rural women and children. In Africa, there is one doctor for every 10,000 people, while the global average is 13.9/10,000 (in Europe and the US >25), and 0.8 dentists and pharmacists/10,000. In 2016, there were 0.002 doctors/10,000 in Liberia, 0.005/10,000 in Burkina Faso, 0.005/10,000

in Sierra Leone, 0.002/10,000 in Mauritania, 0.013/10,000 in Nigeria, 0.037/10,000 in Senegal, 0.007/10,000 in Niger and 0.002/10,000 in Cameroon, with the majority of doctors practicing in urban areas [5, 6].

The low number of HCW, particularly doctors and nurses, per 1,000 children is a key determinant of variation in maternal, infant and under-five mortality rates. There are too many inequities in the distribution of HCW between countries and within countries. The same is true for other specialists. In Africa, there is one oncologist for every two million people (in the USA, one for every 26,418) and, in 2014, there were only four oncologists and a few pathologists in Cameroon, practicing in Yaoundé, which means a several months-delay in obtaining a pathological evaluation until diagnosis, and a consequent delay in treatment. Nigeria has 90 oncologists for 213 million inhabitants (1 to over 1,100 cancer patients) and Ethiopia has four for 100 million. It is of the utmost importance to promote the training of oncologists, radiotherapists and pharmacists and to retain them in the country [7-9]. These elements constitute a major barrier to timely access to quality medicine, in addition to malnutrition, poor hygiene, environmental and water pollution and many endemic infectious diseases that affect the vulnerable and poor, particularly the migrants [9].

As we know, the early diagnosis of breast and cervical cancer is essential. The former is evaluated with mammography, requiring diagnostic personnel and, for the latter, cytology and anatomic-pathologists are required. These personnel are essential in the diagnosis of the disease and confirmation of the extent of the tumour [8-10]. In Africa and most low- and middle-income countries (LMICs), the problems range from lack of manpower, such as surgeons and

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Received: 28-Jan-2022, Manuscript No. jpcm-22-52636; **Editor assigned:** 31-Jan-2022, PreQC No. jpcm-22-52636(PQ); **Reviewed:** 14-Feb-2022, QC No. jpcm-22-52636; **Revised:** 19-Feb-2022, Manuscript No. jpcm-22-52636(R); **Published:** 25-Feb-2022, DOI: 10.4172/2165-7386.1000441

Citation: Astudillo W, Salinas A, Oyebola FO, Silbermann M, Rivilla F, et al. (2022) Situation Analysis of Health Care Workers in Sub-Saharan Africa. J Palliat Care Med 12: 441.

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anaesthesiologists, hospitals equipped with operating theatres and, primarily, the patients' inability to access and pay for surgical services [11]. Jamison, et al. estimate that 6-7% of annual deaths in LMICs would be averted if a range of health services for the most basic surgeries were guaranteed [12]. Many surgical services are almost entirely concentrated in the cities and are accessed largely by those who can pay for the care and, oftentimes, the cost of transportation.

It is essential to re-evaluate the importance of surgical services in poor countries and to prioritise support, resources, training and manpower development. There is a great need to increase supplementary training for general surgeons to treat surgical oncology

for RTs access.

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b) Education

HWC workers in SSA often face challenges of job satisfaction, they drift with economy and some find opportunities for employment abroad, and this has contributed majorly to the migration of workers from low-income countries to higher income countries [1, 22-26]. 65,000 African-born physicians and 70,000 African-born professional nurses are currently working overseas in HICS [25-28]. Their migration has major effects on the SSA countries from which workers migrate from, and the receiving developed countries greatly benefit. The dearth of health workers on the African continent can literally create life-endangering situations for communities where the health services simply disappear due to the emigration of qualified health personnel.

The SSA countries experience negative effects, such as shortages in health service capacity, financial loss of the investment in training and educating the health care workers. The loss of income taxes paid to governments, lack of adequate motivation, decline in morale and commitment among remaining workers, loss of expert knowledge in academic centers, and loss of role models for young students [26]. Nigeria in recent times and other SSA countries ultimately suffer most from the brain drain [4]. Nigeria and other West African countries have been experiencing a massive exodus of doctors and nurses to UK and Saudi Arabia as a result of low wages and poor living conditions.

Among the possible solutions include a good leadership, solid economy, good wages and security may reverse the trend. It can not be over-emphasized that the LMICS not only lose manpower in the health sector, but also effectively lose out on their financial investments into training and education. It is necessary to provide better incentives to retain staff and also attract overseas workers from the diaspora with better remuneration, good working and living conditions and rural infrastructure should also be improved for most HWC. The low wages for primary care physicians is also another barrier that is addressed and there is need to improve the situation [22-26].

c) Education

The healthcare workforce shortage can be improved with some creative thinking and a change of the prevailing educational mode. Recently, at a Senate hearing in the US, Dr. James Herbert, president of the University of New England, said that the healthcare workforce shortage can be improved with some creative thinking.

"We must fundamentally change the prevailing educational model". Rather than having trainees work in specialized silos, "a new educational model has emerged in which students from diverse disciplines are explicitly trained to work together across traditional

boundaries in multidisciplinary teams... and this model has been shown to improve clinical outcomes, to reduce medical errors, to increase patient satisfaction, and to decrease provider burnout [27]." It is also relevant to incorporate the use of ICT tools such as e-learning, electronic health records and telemedicine that can improve education and efficiency of health service delivery, the COVID-19 challenges has created opportunities to promote more and better global communication through telemedicine [28].

Tele-oncology, the oncology application in medical telecommunications, that includes pathology, radiology and other related disciplines, has the potential to facilitate access to and improve the quality of clinical care is also capable of fostering the education and training of professionals. Clinicians no longer need to attend conferences in far distant countries and can easily acquire knowledge at the click of a button on the Internet. Virtual platform groups, such as WhatsApp, have also emerged, facilitating basic dialogues that will continue beyond the pandemic [28-29]. Thus, with Telemedicine the systematic and effective communication between advanced cancer centres and centres in resource-poor countries can improve care and promote opportunities for continuing education [4]. Cell phones have facilitated patient navigation and cancer screening, as well as retention in treatment [28-29]. Nigeria has about 2% of the world's population but accounts for 10% of the world's maternal deaths. Providing pregnant women with cell phones, for instance, as part of the Safe Motherhood Project, improved their attendance at health clinics and overall health care services to pregnant women and decreased maternal mortality rates in 10 participating health facilities [4].

The WHO launched the Global Initiative for Children's Cancer in 2018, [30] to coerce governments to develop and organize high-quality children's cancer programmes with the goal of achieving 60% five-year survival by 2030. This initiative is greatly needed in AAS, where health systems are weak and the population of children is expected to grow from 320 million in 2015 to more than 7 (and trillions) [31-33]. A good way to do this is to help train paediatric oncologists as <https://worldchildcancer.org>.

The education of health professionals can help to change the

as a recurrent but intermittent service, with 38 internships in Spanish hospitals for training in oncology, pain relief and PC [11, 14]. In situ missions provide great benefits to a target population within a short time, are economically more feasible, viable and facilitate immediate teaching opportunities for HCW; they also prevent large displacements of local populations, making them more socially sustainable, as they avoid family breakdown [34-36].

In recent years, cooperative surgery, missions providing these services of temporary transfers of resources, has changed; either complemented with, or replaced by, long-term partnerships aimed at building local capacity and developing a newer model of surgical training programmes for local doctors in low- and medium-resource countries to care for their own people, in their own country [34-37].

is has proven to be an excellent model for young doctors who are much more culturally aware, communicate in local dialects and identify better with their people, without suffering the frequent psychological stresses that expatriates experience. Thus, the Pan-African Academy of Christian Surgeons, which began training surgeons in 1996, has trained 43 residents in six countries and is accredited by South African universities and the West African College of Surgeons [34].

Faced with the problem of up to 22% of sub-Saharan medical

