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The current crisis of human resources for health in Africa

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The current crisis of human resource for health in Africa

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In his speech at an All Africa Conference Program, Patrick Lumumba said, “This trend that continued in post-colonial Africa has generated young men and women, whose greatest desire is to flee Africa to Europe and America”^[1]. Brain drain has been a source of despair for developing countries, especially in the African continent. It exemplifies a symptom of a more complex syndrome inflicting politically and economically unstable countries. Africa happens to be home to a majority of politically and economically volatile governments compared to other continents. The healthcare sector arguably bears the hugest brunt imposed by this growing problem of brain drain. This is partly due to the fact that healthcare human resources are already meagre in Africa; and unfortunately, these already scanty human resources are fleeing Africa seeking greener pastures.

According to the World Health Organization, 37 out of the 57 countries with human resources for health (HRH) crisis are in the Sub-Saharan Africa. Frustratingly, little progress has been made since the problem was officially identified in the Alma Ata declaration in 1978. Thirty three years later in 2011, 33 out of 44 countries included in a survey are still classified to be suffering a human resources for health crisis^[2]. Fieno et al identified some political and economic hurdles that stand against the improvement of the healthcare human resources crisis. They cited lack of political and institutional incentives, bureaucratic hurdles, confusion due to involvement of multiple stakeholders, limited resources, and weak civil society pressure^[2]. Sparse financial resources allocated by governments for healthcare unquestionably play a central role in this crisis. Only a handful of African countries were able to adhere to the Abuja declaration in 2001 that recommends governments to dedicate 15% of their annual budgets for healthcare.

The financial incentives and the charm of practicing medicine in urban centres in most African countries is further worsening the healthcare human resources crisis. Government healthcare facilities within urban centres are usually better equipped relative to their counterparts in rural

areas. They provide a better and more appealing working environment for healthcare providers. Furthermore, it is more convenient for physicians to establish their private practices in these areas, which are more vibrant economically. This has left the poor rural population who are perhaps at the direst need for healthcare to suffer the most from this crisis. In other words, within an already human resources compromised healthcare setting, there is a brain drain from rural to urban centres.

If Africa is to counter the healthcare human resources crisis, member states may need to adopt radical reforms in the healthcare sector. Many reports and papers examined this problem and came up with recommendations to tackle it. The United States Agency for International Development (USAID) Office of Sustainable Development in February 2003 suggested the adoption of a strategic approach that involves a better informed human resource, targeted training that suits specific country needs, and more flexible professional and labour standards^[3].

It is also obvious that lucrative financial remunerations could play a central role in that battle to keep the brightest brains in African from wandering off in search of pastures green. Perhaps, one day, this may actually reverse the equation and make Africa attractive to skilled labourers from all over the world, a brain gain.

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