

Confronting HIV/AIDS, TB, and Malaria A Situation Analysis of Human Resources Health in Nigeria: Emerging Challenges and Opportunities

info@HealthSystems2020.org
www.HealthSystems2020.org

INTRODUCTION

Nigeria has one of the largest stocks of human resources for health (HRH) in Africa: 28 doctors and 170 nurses per 100,000 population. This compares with a sub-Saharan average of 15 doctors and 72 nurses per 100,000 population. Despite the large stock of HRH, there are great disparities in health status and access to health care among different population groups in Nigeria. For example, the under-five mortality rate in rural areas is estimated at 243 per 1,000 live births, compared with 153 per 1,000 in urban areas. While 59 percent of women in urban areas deliver with a doctor, nurse, or midwife, only 26 percent of women in rural areas do so.

There are wide variations in health status and access to care among the six geopolitical zones of the country, with indicators generally worse in the North than in the South.

The rural-urban disparity also exists in respect to access to HIV/AIDS and related services and HRH. Unlike most of sub-Saharan Africa, rural areas in Nigeria have a higher HIV/AIDS prevalence than urban areas. This brief describes an assessment of Nigeria's HRH that was done in 2005 to inform the scaling up of the country's fight against HIV/AIDS and related health challenges.

BACKGROUND

The Federal Ministry of Health (FMOH) in Nigeria is dedicated to fighting health problems related to HIV/AIDS, TB, and malaria across the country. Nigeria is a participant in and receives technical and financial assistance from many global health initiatives, such as Roll Back Malaria, the World Health Organization's Stop TB initiative, and the Global Fund to Fight AIDS, TB, and Malaria. Two of the most important international initiatives affecting health policies and outcomes in Nigeria are the Millennium Development Goals (MDGs) and US President's Emergency Plan for AIDS Relief (PEPFAR). The MDGs represent the world's collective goals to improve outcomes in education, health, and environment by 2015. PEPFAR targets are short-term country-specific goals of the US government in HIV/AIDS prevention, care, and mitigation.



In order to better inform national health system planning for achieving MDG and PEPFAR goals, the FMOH in collaboration with Partners for Health Reformplus (PHRplus) conducted a national HRH assessment in April-May 2005. The assessment approach was based on (1) comprehensive research of documents and data on HRH in Nigeria's public sector, and on HIV/AIDS, TB, malaria, family planning, and maternal and child health in Nigeria; (2) a nationally representative survey conducted in 290 public sector health facilities at all levels of care (primary, secondary, and tertiary); and (3) an analysis of data using models for estimating total staff requirements for reaching the health-related MDGs and PEPFAR targets.¹

EMERGING CHALLENGES

The HRH assessment indicated that the major reason for the great disparities in health status and access to health care among different population groups in the country is a critical maldistribution of health workers. Data on Figure 1 shows that health workers are skewed towards the urban and southern areas.

HRH attrition rates², measuring the number of workers leaving the public sector as a percentage of total staff, range between 1.3 and 2.3 percent for the

different staff categories, and are highest for doctors and pharmaceutical staff. HRH attrition rates in rural areas are generally higher than in urban areas.

It is estimated that about 1,200 new medical graduates entered the public sector in 2005. This figure represents about 60 percent of the total newly graduated doctors starting their career in the public sector.

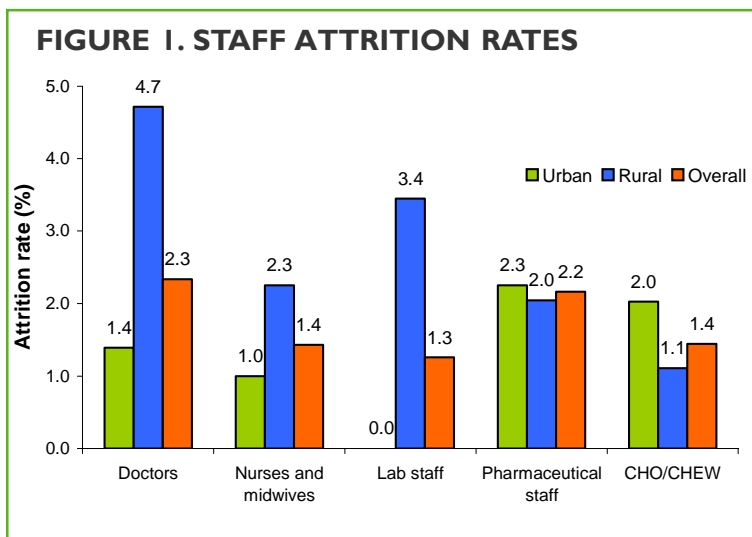
HUMAN RESOURCES STRATEGY CRITICAL TO ACHIEVEMENT OF MDGS AND PEPFAR GOALS

Nigeria's national MDG targets for 2015 are to first halt and then begin to reverse the spread of HIV/AIDS and the incidence of malaria and other major diseases; reduce under-five mortality by two-thirds, to 49 or less per 1,000 live births; and reduce the maternal mortality ratio by three-quarters, to less than 400 per 100,000 births.

Progress towards reaching the MDGs in Nigeria has been very slow and the 2004 MDG Status Report for Nigeria claims that the country is "unlikely" to reach any of the three health-related MDGs (Federal Government of Nigeria [FGON], 2004). One of the challenges to improving maternal and child health identified in the report is lack of health personnel and other infrastructure, particularly in rural areas. Among the priorities for development assistance for achieving the MDGs, the report lists "increased accessibility and provision of qualified health personnel" (FGON, 2004).

With PEPFAR financing, Nigeria plans to support 350,000 patients on antiretroviral therapy (ART), reach nearly 3.5 million HIV counseling and testing clients, and avert 40,000 new infections through prevention of mother-to-child transmission.

The Nigeria assessment indicates that, between 2005 and 2008, the public sector will need to add about 792 lab specialists, 707 pharmacy specialists, 317 nurses/midwives, and 384 doctors to achieve the PEPFAR targets alone. These figures represent 5 percent of the total number of lab specialists, 6 percent of pharmacy specialists, and 2.2 percent of doctors available in the public sector in 2005.



¹In addition, 24 faith-based organization (FBO) health facilities in the sampled states were surveyed, but due to the scarcity of data available on the total number of FBO facilities in the country and their share of patients (from the overall private share), the analysis could not be extended to the FBO sector.

² Staff attrition rates measured the number of those leaving the public sector as a percentage of total staff.

The gap between the projected HRH availability and HRH requirements for the MDGs for 2010 and 2015 is striking: in 2010, the public sector in Nigeria is estimated to fall short of MDG targets by about 21,000 nurses/ midwives, 3,800 pharmacy specialists, and 4,480 lab specialists. The projected shortage in these categories in 2015 is of similar magnitude, but even larger for nurses (about 39,880). It appears that Nigeria will have a sufficient number of doctors in the public sector to reach MDG targets. Our estimates even show a slight surplus (of about 5 percent) in the number of doctors required in 2015 (see Table 1).

TABLE 1. NUMBER OF ADDITIONAL STAFF REQUIRED TO MEET MDGS 2007-2008

	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	18,625	24,003	-29%
CHWs	99,503	108,600	-9%

MEETING WORKFORCE NEEDS IN NIGERIA'S HEALTH SECTOR: OPTIONS FOR POLICY ACTION

- Conduct a rapid appraisal of the HRH in the private sector, including private for-profit providers and faith-based organizations, to get a comprehensive picture of HRH in the country.
- Based on the evidence from the current assessment, staff attrition rates are high in rural facilities. The Federal MOH in collaboration with state and local health authorities should explore strategies to keep health professionals in rural areas.
- Consider introducing/expanding incentive packages to keep health professionals from leaving the public sector (Figure 2) (for example, compensation packages, issues relating to brain drain).
- Address issues related to the number of new graduates turned out each year to improve and increase the capacity of institutions of higher learning to stay open and turn out required graduates at the right time.
- Improve routine data collection in all health facilities and the HRH information system to produce quality and up-to-date data.

BOX 1: COMPUTING HRH REQUIREMENTS

A full-time equivalent (FTE) staff member for a given service (e.g. ART) is a health professional who is spending all his/her working time allocated for patient visits to provide that service. For example, a doctor in the public sector in Nigeria has 221 working days per year and spends about 6.5 hours each working day attending to patients.¹ If a doctor spends, on average, 24 minutes per ART patient visit and each ART patient sees a doctor four times a year, then a FTE doctor for ART can see 898 ART patients per year, since:

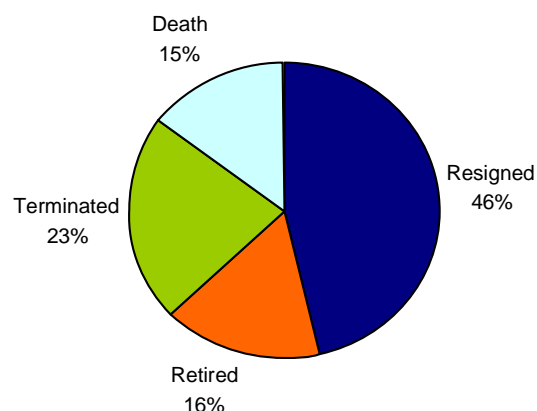
$$898 = \frac{(221 \text{ days} * 6.5 \text{ hours} * 60 \text{ minutes})}{(24 \text{ minutes per visit} * 4 \text{ visits per patient})}$$

If the target is to provide ART to 120,000 patients, and one FTE doctor can see 898 ART patients per year, then the FTE number of doctors required to reach the target is 134 (since 120,000 / 898 = 134).

For each of the HIV/AIDS services included in the assessment, the HRH calculations use the average time for one patient visit reported by each staff type providing the service (in the facility survey). The number of visits per patient per year required for each service is based on official FMOH clinical protocols and expert opinion.

¹ Public health sector employees in Nigeria have 221 working days per year (net of holidays, vacation days, etc.). Each staff member works for 8 hours a day and it is assumed that he/she spends 1.5 hours for lunch and tea breaks, and on administrative tasks and staff meetings.

FIGURE 2. REASONS FOR LEAVING THE PUBLIC HEALTH SECTOR, 2005



SELECTED BACKGROUND RESOURCES

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SUMMARY OF FINDINGS

- In 2005 the public sector in Nigeria had on average 13 doctors, 92 nurses and midwives, 10 pharmacists, and 64 community-health officers and extension workers (CHO/CHEW) per 100,000 population.
- Urban residents have access to nearly 3 times more doctors and 2 times more nurses/midwives than do rural residents. A similar disparity is seen for pharmacy and lab staff.
- HRH attrition rates in rural areas are generally higher than in urban areas.
- About 1,200 new medical graduates entered the public sector in 2005, which means that about 60 percent of newly graduated doctors start their career in the public sector.

NOTE

For full text of the report “A Situation Assessment of Human Resources in the Public Health Sector in Nigeria” visit Health Systems 20/20 website at <http://www.healthsystems2020.org/section/topics/hiv/hr>

CONTACT

Amy Teye, MPH, Abt Associates Inc.
Amy_Teye@abtassoc.com

Slavea Chankova, MPA, Abt Associates Inc.
Slavea_Chankova@abtassoc.com

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For more information about Health Systems 20/20 please contact:
Health Systems 20/20
Abt Associates Inc.
4550 Montgomery Lane, Suite 800 North | Bethesda, MD 20814 USA
E-mail: info@healthsystems2020.org | www.healthsystems2020.org