



República de Moçambique  
Ministério da Saúde

# ADDRESSING THE HEALTH WORKFORCE CRISIS IN MOZAMBIQUE: A CALL FOR SUPPORT

## Why We Are Calling for Support

An adequate health workforce is one of the key ingredients to achieving improved health outcomes within a stronger health system. The Mozambican health workforce indicators are among the worst in the world. The response to health workforce crisis requires first the recognition of the crisis and of its implications by all levels of governments, aid agencies and other stakeholders. Recognizing the health workforce bottleneck, the Government of Mozambique prepared a health workforce development plan for 2008-2015. The plan identifies key strategic targets and indicates scheduled activities to be carried out to achieve them. Its success depends on the ability of the Government of Mozambique to mobilize financial and technical support and alliances. This document is intended to assist potential partners to identify areas for support and collaboration.

## The Health and Health Workforce Situation in Mozambique

The Mozambican health workforce indicators are among the worst in the world. The shortage of health workers in Mozambique is currently the single greatest barrier to fully attain MDG goals. To thoroughly address this enormous challenge, the Government and the Ministry of Health of Mozambique has developed a comprehensive Workforce Development Plan for 2008-2015. To ensure that this ambitious but realistic Plan is successfully implemented, the Mozambican Government and Ministry of Health appeals to international development partners to identify areas for potential support and collaboration.

Mozambique has seen improvements in its health indicators in recent years. Infant mortality has decreased from 147/1,000 live births in 1999 to 100/1,000 in 2005 and child mortality from 219/1,000 to 178/1,000. Maternal mortality has decreased from over 1,600/100,000 to 408/100,000 in 2003. Immunisation coverage reached 95% by 2005 and has been maintained at that level



since then. Institutional deliveries have increased from 49% in 2005 to 54% in 2007, and a policy of free services for mothers and children under 5 has helped to further increase access to services. These improvements have been achieved through economic growth, stability and increased access to health services. Nevertheless, deficits in quantity and quality of health workers represent the most critical barrier to sustain and expand these and other health outcomes that Mozambique has achieved in recent years.

Alongside the need to increase community participation in service improvement and to extend the reach of health and sanitation networks, the health workforce is the top of three national priorities for improving the health of the nation. The *World Health Report 2006* states that to achieve the health MDGs, a minimum density of 2.3 health workers (doctors, nurses and midwives) per 1,000 inhabitants is needed. With just 1.26 health workers per 1,000, and only 0.09 skilled health workers per 1,000, Mozambique falls a long way short of the numbers needed.

Table 1: Health workforce projections to 2015, Mozambique

	2006	2015	Difference
Population	20,366,795	24,517,582	20%
Total personnel	25,683	45,904	79%
Total personnel per 1,000 pop.	1.26	1.87	
Population per health worker	793	534	-33%
No. priority medical staff	1,896	4,572	141%
No. priority medical staff per 1,000 pop.	0.09	0.19	
Population per priority clinical care staff	10,742	5,363	-50%
No. doctors	874	1,915	119%
No. doctors per 1,000 pop.	0.043	0.078	
Population per doctor	23,303	12,803	-45%
No. nurses	4,282	7,195	68%
No. nurses per 1,000 pop.	0.21	0.29	
Population per nurse	4,756	3,408	-28%
No. skilled birth attendants	2,906	4,856	67%
No. skilled birth attendants per 1,000 pop.	0.14	0.20	
Population per skilled birth attendants	7,009	5,049	-28%

Source: Ministry of Health, Mozambique

## Mozambican Health Workforce Development Plan for 2008-2015

Recognizing the health workforce bottleneck, the Government of Mozambique prepared a *Health Workforce Development Plan for 2008-2015*. It builds on the recognition of the need to address issues of lack of training capacity, recruitment bottlenecks, low pay, low motivation, misdistribution, brain drain to the private sector, limited management capacity, and of a severe absolute and relative deficit of health workers.

The plan identifies key strategic targets and indicates scheduled activities to be carried out to achieve them. It will require a gigantic effort by the Ministry of Health and its partners, and its success depends on the ability of the Government of Mozambique to mobilize sufficient financial and technical support.

This plan is ambitious, yet realistic in terms of the anticipated number of health workers that could be trained in the country within the timeframe 2008-2015. Besides cost, the greatest bottleneck to increase the workforce in line with the objectives presented in the Plan is the training capacity for new workers. For this reason, one of the main areas of focus of the plan is on improving the capacity of the Ministry of Health affiliated training institutions. Table 1 shows the 2006-2015 projections of HRH growth.

The implementation of the plan will:

- Increase the total number of health workers from 25,683 (1.26 per 1,000 inhabitants) to 45,904 (1.87 per 1,000 inhabitants) by 2015. This is below the ratio of 2.3 per 1,000 inhabitants proposed by WHO, but it can bring major improvements towards achieving the health MDGs. Mozambique will need another decade to reach the 2.3 ratio.
- The number of health workers directly involved in clinical duties will increase from 1,896 to 4,572 (+141% increase), which would augment the ratio from 0.09 to 0.19 per 1,000 inhabitants or from 10,742 inhabitants to 5,363 per health worker.

### The Cost of the Health Workforce Development Plan for 2008-2015

The total cost of the *Health Workforce Development Plan for 2008-2015* is estimated at 1.7 billion USD (see *Table 2*), which includes costs related to salaries, initial training and continuing education, subsidies and incentives, management, health care system related costs, and plan implementation. The financing gap between the projected funds available from existing sources, assuming that health maintains its existing share of government expenditure, and the additional resources needed to achieve the plan is a total of 594.5 million dollars over the 7-year period, which reflects the following elements:

- The annual cost of implementation of the plan increases from 158 million USD in 2009 to up to 350 million USD in 2015.
- *Salaries, subsidies and incentives costs* are estimated to increase from 109 million USD in 2009 up to 294 million USD in 2015. These costs include salary adjustments and a gradual increase in the size of the qualified health workforce, the latter being responsible for most of the increase.
- *Training (basic, continuing education, in-service, scholarships) costs*. Initial costs are high, with a gradual decrease once the initial cost of expansion of training facilities is covered. For 2009 the estimated cost is 30.4 million USD. For 2010, it is estimated to be 18.8 million USD and 14.4 million USD in 2015.
- Additional investment in *infrastructure*, to achieve the norm of 1 health post per 50,000 inhabitants, is not included in the plan, but this would cost an additional 600 million USD over the 2009-2015 timeframe.
- Training and deployment of additional community health workers (Agentes Polivalentes Elementares) between 2008 and 2012, as a way to expand services to remote areas, will cost 8 million USD.
- Based on current trends, the *anticipated total expenditure* on human resources for health would increase from 129.5 million USD in 2008 to 158 million USD in 2009, 175 million USD in 2010, 209 million USD in 2011, 242 million USD in 2012, 273 million USD in 2013, 310 million USD in 2014 and 350 million USD in 2015.
- The financing gap, or the difference between the funds that are available projecting forward current levels of financing, and the funds that are needed to scale up the health workforce, rises from an additional 70 million USD in 2009 to an additional 112 million dollars per year being required by 2015.

The success of the Mozambican health workforce development plan for 2008–2015 depends on mobilising additional funding at both national and international levels.

The Mozambican Government and Ministry of Health wants its partners to share its commitment and to help it guarantee that its citizens have access to good quality health services delivered by a competent and dedicated workforce.

Table 2: Summary of the estimated total and annual costs to implement the *Health Workforce Development Plan for 2008-2015* (in thousands USD)

Costed Items	2009	2010	2011	2012	2013	2014	2015	TOTAL
1. Salaries and subsidies	\$87,360	\$106,690	\$133,000	\$160,670	\$184,760	\$211,270	\$238,390	\$1,122,140
2. Additional costs related to salaries and subsidies, over and above costs without salary reform	\$4,300	\$10,210	\$18,720	\$23,170	\$27,030	\$31,300	\$36,660	\$151,390
3. Incentives	\$21,839	\$25,564	\$30,502	\$36,965	\$42,744	\$49,180	\$55,874	\$262,668
4. Expatriate medical doctors	\$7,544	\$6,478	\$5,412	\$4,346	\$3,295	\$3,561	\$3,827	\$34,463
5. Initial training	\$27,040	\$14,909	\$13,348	\$8,908	\$9,153	\$9,263	\$9,061	\$91,682
6. In-service Training	\$1,017	\$1,329	\$1,625	\$1,625	\$1,625	\$1,625	\$1,625	\$10,471
7. Scholarships and post-graduation (specialization)	\$2,304	\$2,515	\$2,801	\$3,094	\$3,294	\$3,493	\$3,682	\$21,183
8. Human Resources management (including Observatory)	\$779	\$808	\$850	\$877	\$832	\$733	\$761	\$5,640
9. Community Health Workers training (APEs)	\$1,234	\$2,237	\$2,237	\$2,166	—	—	—	\$7,874
10. Plan implementation	\$4,247	\$4,247	\$177	\$177	\$79	\$79	\$79	\$9,085
<b>TOTAL</b>	<b>\$157,644</b>	<b>\$174,987</b>	<b>\$208,672</b>	<b>\$241,998</b>	<b>\$272,812</b>	<b>\$310,504</b>	<b>\$349,959</b>	<b>\$1,716,596</b>
Projected financing gap (Total minus projected costs in the absence of HRDP) (2+3+4+5+6+7+8+9+10)	\$70,304	\$68,297	\$75,672	\$81,328	\$88,052	\$99,234	\$111,569	\$594,456

Source: Ministry of Health, Mozambique

### The Implementation of the Health Workforce Development Plan for 2008-2015

The successful implementation of the plan depends on mobilising additional funding at both national and international levels. Even if the Mozambican government maximizes its commitments, there will be still significant financial gaps to be filled, in a sustained manner, by the donor community. As the health workforce grows, the training-related costs decrease, but the costs of salaries increase. The Government of Mozambique is fully committed to the implementation of the *Health Workforce Development Plan for 2008-2015*. As a demonstration of this support, it will ensure that health will at least maintain its existing share of government expenditure. Other long-term health partners in the donor community, such as the PROSAUDE common funding partners and the US Government, have expressed their willingness to provide support for the plan for the whole period of implementation. **Additional commitments for all or specific areas will still be needed from other partners to fully fund the plan.** Training, recruitment and retention/motivation of health workers is a long-term effort, which requires a large and sustained financial commitment. The Mozambican Government and Ministry of Health wants its partners to share its commitment and to help it guarantee that its citizens have access to good quality health services delivered by a competent and dedicated workforce.