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# Investing *in* Health Workforce

*For Improved Health Outcomes In Cameroon*

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## OVERVIEW OF HEALTH WORKFORCE

A knowledgeable, skilled and motivated health workforce is critical for reaching universal health coverage. Globally, many nations in the world and most especially developing economies, face shortages of health workers especially in remote areas. The World Health Organization reported a 7.2 million shortage of Health workers and a projected [12.9 million](#) is expected to occur in 2035. This is fuelled in part by labour mobility, both within and between nations, ageing health workforce with staff retiring or leaving for better paid jobs without being replaced, while inversely, not enough young people are entering the profession or being adequately [trained](#). Cameroon, the focus of this write up, does not escape from this depicted and unacceptable social ill of shortage in health workforce.

### **Health Workforce in Cameroon:**

Cameroon now hosts 6 state recognized training institutions for general medicine and dozens of institutions for nursing and paramedical sciences. Some of the brightest minds in Africa in the Health sector have come from Cameroon and the quality of care in certain institutions is top class. However, the nation as a whole faces huge challenges in terms of the state of its workforce such as;

### **The inequality in the distribution of the Health Workforce in Cameroon**

WHO has classified Cameroon as having a critical shortage of health care [personnel](#). Across the world, 57 countries have been identified as having critical shortages of health workers, amongst which 36 are in Africa including Cameroon. With about 11 qualified health workers for every 10,000 population, Cameroon has well [below](#) the estimated need of 22.3 qualified personnel for every 10,000 population according to minimum criteria established by the WHO. According to data from the Africa Health Workforce Observatory fact sheet from Cameroon, there are approximately 1.1 physicians for every 10,000 population. This number is far below the standard stated by WHO which stipulates a threshold of 10 physicians for every 10,000 of the population. In some parts of the country especially in rural communities, there is less than 1 physician for every 10,000 of the population. The majority of physicians in the country are based in urban areas with more than half of Cameroon's health workforce is employed in three regions: Center, Littoral and West Regions, which are home to the three largest cities in the country (Yaoundé, Douala, Bafoussam). On the other hand, the Far North Region, which is home to 18% of the national population, employs only 8% of the country's physicians. As a result, substantial disparities exist in health outcomes between rural and urban areas. The World Bank shows that, in the Far North, only 21.8% of childbirths were attended by skilled personnel, compared to 93% percent in the Littoral and 91.6% in the [West](#). The deteriorating socio-economic status of the Northern Regions

relative to the Center, Littoral, and West and some parts of the country discourages health workers from working in these areas.

The low availability of skilled personnel especially in rural Cameroon allows for most healthcare to be provided by low-skilled personnel. In those areas, nurse aids and nurses are known to dispense a wide array of services which otherwise would have been reserved for more skilled personnel if the latter were available. The lack of numbers alongside inequitable distribution accounts for inadequate coverage of the Cameroonian health landscape, and results in burnout for the few available skilled and unskilled personnel.

### **Multitasking of Health Workers in Cameroon**

Although statistics show that the majority of workforce reside in the urban and semi-urban areas, it should be noted that their availability in these areas does not cancel the fact that the health sector experiences shortage health workers. This is because some of the health personnel at the health facilities act as administrators and some are not well trained to meet the health needs of the population. The shortage of health workers will not be an issue if they are available, possess the required skills needed, motivated and empowered to deliver quality care that is appropriate and acceptable to the sociocultural expectations of the population, and are adequately supported by the health [system](#).

### **Limited budgetary allocation for Health care Spending**

Cameroon spends [4.29%](#) of its budget in 2019 on health care which normally cannot effectively and efficiently establish many training institutions for health workers, improve on infrastructures and salaries of medical personnel. This chronic under-investment in health care services, has given the opportunity to other countries to drain and feed from workforce of Cameroon because many health workers desire to work in countries where they are well paid with favourable working conditions. This devastating consequences of brain drain has shifted much needed skill away from an already underserved population, weakens the drive for development and innovation and worsens the adverse health outcomes.

### **Policy implication to remedy this health problem**

Very few health workers will accept to work and stay in communities where the socio-economic environment is deteriorating. However, if municipalities are given the autonomy to improve their socio-economic status and also freely recruit health personnel, it will increase the health workforce in their locality. This will create a

platform for competition among different municipalities, thus, rural areas will have an adequate health workforce which will not be pulled to the urban areas in search of favourable working conditions. In addition, the desire of young doctors, nurses who think work abroad is better off than in their home country will be burned down.

The budget approved for the health sector in Cameroon is less than the 15% agreement of the Abuja declaration. The health sector needs a good financing strategy of allocating and spending of resources on health. Accountability systems should be put in place to improve the efficiency of health and Human Resources for Health (HRH) spending. It is also critical for the health system to develop a critical cost-effective population needs analysis before deploying health workers to a particular community. This analysis includes the size of the population, common health issues, socio-cultural and economic status.

## Conclusion

The health workforce of the health system is indispensable in administering health care services. Therefore, investing in the health workforce in the health sector and implementing the recommendation proposed above is paramount to improving health outcomes in Cameroon.

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