



*Addressing the shortage of female health workers*

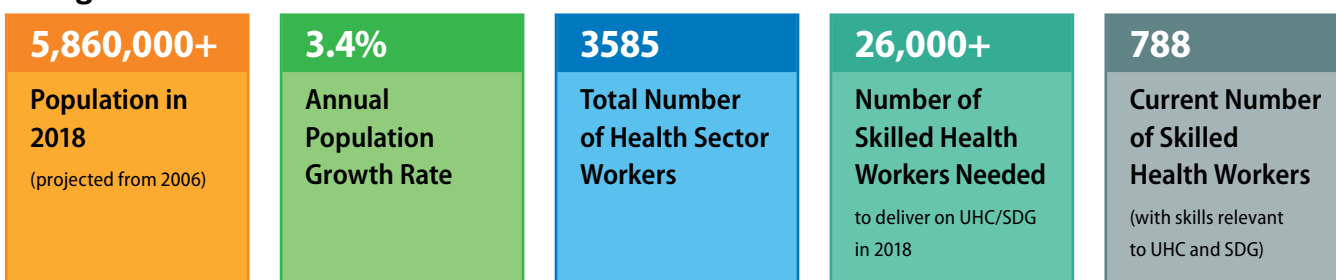
## **Borno State: Urgent action is needed now to increase the number of skilled health workers**



***Borno must urgently produce more than 26,000  
skilled health workers***

# Borno State in numbers

## Background



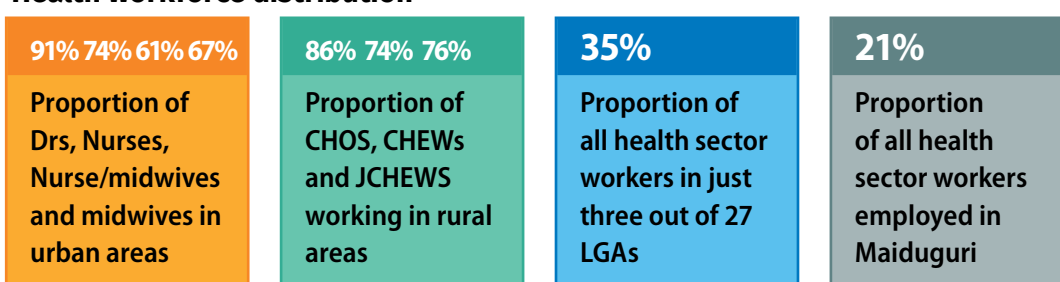
## Current availability of skilled health workers



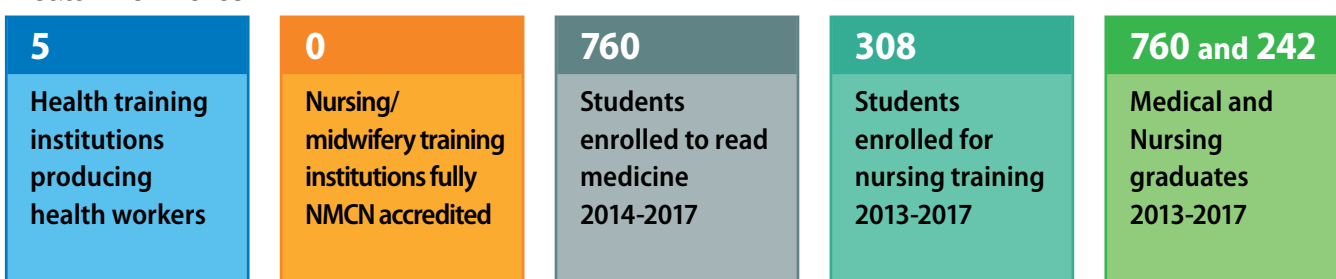
## Impact of Borno health system on the health of the population



## Health workforce distribution



## Health workforce



# Immediate and urgent attention is needed to increase skilled health worker production in the state

## Summary

Borno State must produce at least **33 times more skilled health workers** than currently available in the State.

With distribution heavily skewed towards urban areas and production rates extremely low, the health workforce-to-population ratio is **far below the national average**.

To significantly reduce maternal and children under-5 deaths, meet the health needs of their fellow citizens, and global targets to achieve universal health coverage (UHC), **Borno policy makers must commit** to the production of an adequate number of well-motivated, equitably distributed, frontline health workers.

As a matter of urgency, we recommend that Borno State addresses the following key recommendations:

### Key recommendations

#### Education

- Scale-up training and recruitment of community midwives.
- Increase the number of enrolled students at Health Training Institutions given current resources by aligning tutor-to-student ratios with standards used in other countries.

#### Finance

- Provide adequate funding for the State Ministry of Health to expand pre-service training capacity and increase production of health workers to meet demand for health services in Borno State.
- Direct government investments to increasing the production of skilled birth attendants (physicians, nurses, and midwives) to expand access to essential health services towards achieving UHC.

#### Policy

- Review the incentive package to ensure frontline health workers are retained especially in rural Borno.
- Increase the term of service for all health workers and tutors by instating the federal retirement exemption that is now allowed for college professors.
- Review the terms and conditions for health workers who are not from Borno to make them more attractive.
- Institute a robust human resources for health data management system in Borno state.

## The challenge

A WHO paper<sup>1</sup>, providing guidance on the workforce required to meet the Sustainable Development Goals (SDGs) and health needs for Universal Health Coverage (UHC), signposts the need to go beyond the focus on the right number of Skilled Birth Attendants and to focus rather on Skilled Health Workers (from 2.31 SBAs to 4.45 SHWs per 1000 population)<sup>2</sup>. In Borno there is only 0.14 skilled health workers for every 1000 population.

## Borno State - Key Facts

### Background and situation in 2018

Population (projected from 2006)	<b>5,860,200<sup>3</sup></b>
Annual Population growth rate	<b>3.4%</b>
Total number of workers in state health sector	<b>3585</b>
Total number of skilled health workers available	<b>788</b>
Total number of skilled health workers needed to deliver on UHC/SDG	<b>26,078</b>
Number of midwives newly employed in 2018	<b>6</b>
Number of nurses or Nurse/Midwives newly employed in 2018	<b>14</b>
Number of Health Training Institutions producing health workers	<b>5</b>
Number of Nursing and Midwifery Institutions with full accreditation	<b>0</b>

Source: Human Resource for Health Policy Brief for Borno state Report. W4H 2019.

The health workforce in Borno is far below the national average as shown in Table 1.

**Currently 788 skilled health workers are available in the Borno health system. But Borno must produce more than 26,078 skilled health workers to provide care for its current population of 5,860,200.**

**Aspects of Human Resources for Health (HRH) systems are currently being addressed** and a Borno State/WHO initiative is underway to develop an HRH policy and plan. The HRH desk in the Ministry of Health has been created but lacks the resources to carry out its basic functions. A finalised HRH strategic plan is a key next step as is government investment to provide a budget for HRH. These steps will support ownership and sustainability of HRH systems. The education and partnership functions of the HRH system are strong with WHO and the UK aid-funded Women for Health programme providing support to the state. However, policy implementation, leadership and financing are much weaker as the government has not demonstrated strong political will and this is compounded by ongoing conflict between armed opposition groups. Reliable and regular HRH data is limited and impacts on policy makers who lack the availability of evidence to make informed HRH decisions.

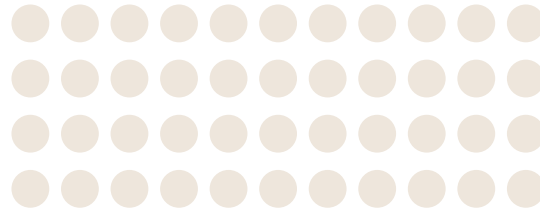
**A finalised  
HRH plan with  
government  
investment is now  
needed urgently**

**Table 1 Comparison:  
Strength of Borno health workforce versus the National Average**

**Doctors**



**National Average** per 100,000 population **40**



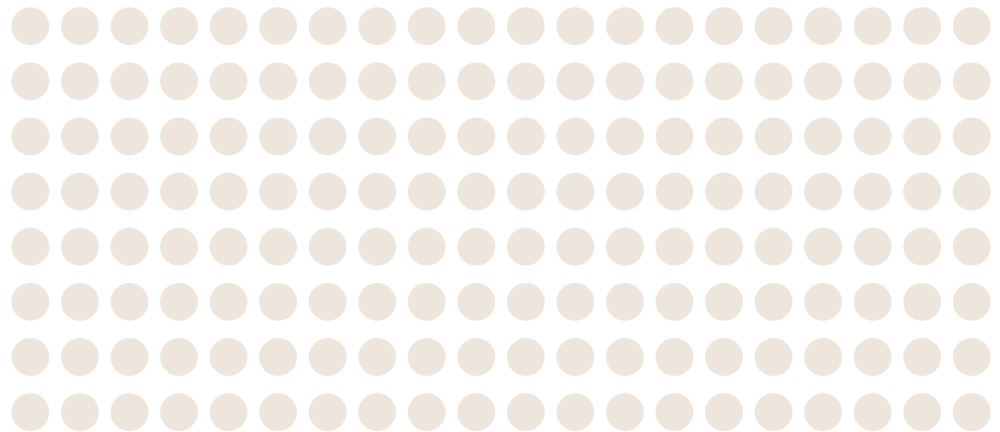
**Borno State** per 100,000 population **2**



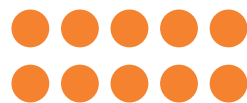
**Nurses or Midwives**



**National Average** per 100,000 population<sup>4</sup> **161**



**Borno State** per 100,000 population **10**



**Pharmacists**



**National Average** per 100,000 population<sup>5</sup> **8**



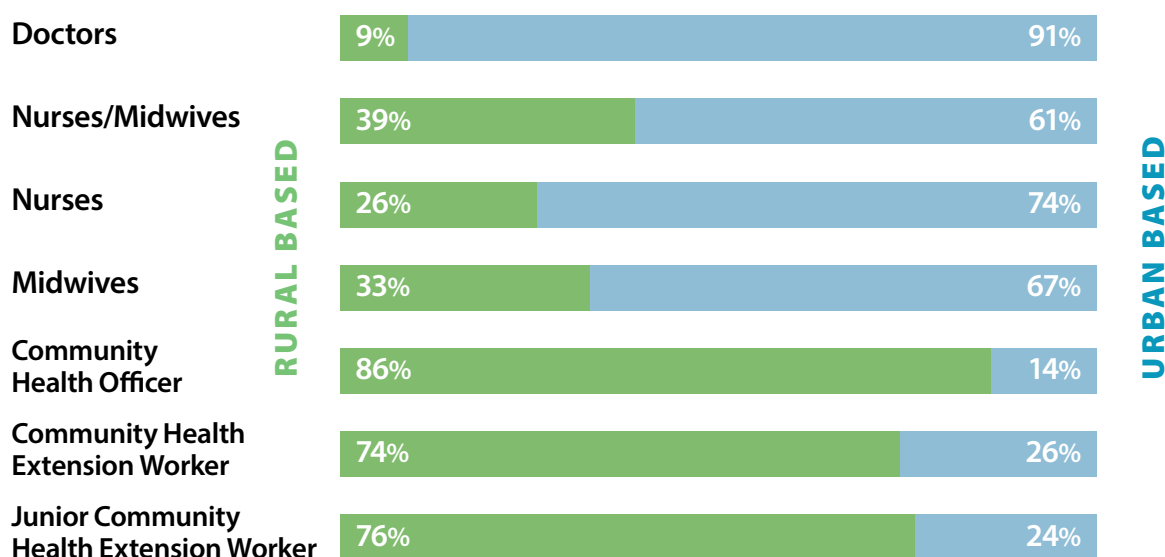
**Borno State** per 100,000 population **1**



**Distribution of the health workforce is inequitable, skewed toward urban areas.**

Three of the LGAs share more than 35% of the total health workforce in the state, leaving the remaining 65% distributed among the remaining 24 LGAs. While 21% of the total health workforce alone is in Maiduguri, the state capital. This can be understood in the context of the conflict however, the pattern is virtually the same in most states in Nigeria, even those not experiencing conflict.

**Fig 1: Distribution of the Borno health workforce**



**Production of frontline health workers in the state is so slow that it will not be possible for the state to meet the skilled health worker requirement to deliver on SDG3 and UHC.**

The distribution of the total number of health workers (3,585) can be further understood by cadre, where most community health workers work in rural areas and most doctors, nurse/midwives, nurses and midwives work in urban areas.

**Fig 2: Production of medical students and nurses in Borno State**

Add an increasing population and attrition from existing staff (retirement, resignation, migration and death) to the slow enrolment/graduation rates and the rate of production is extremely low compared to requirements and needs.

Even if all five Health Training Institutions in Borno State were fully accredited and production at full capacity, the institutions would not be able to produce the numbers of skilled health workers needed.

	Medical Students (2014–18)	Nurses (2013–17)
Enrolled Females	<b>176</b>	<b>137</b>
Enrolled Males	<b>584</b>	<b>171</b>
<b>Total Enrolled</b>	<b>760</b>	<b>308</b>
Graduate Females	<b>134</b>	<b>117</b>
Graduate Males	<b>510</b>	<b>125</b>
<b>Total Graduates</b>	<b>644</b>	<b>242</b>

## Impacts

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*The single most important factor to significantly reduce maternal and under-5 mortality in Borno state is an adequate number of well-motivated, equitably distributed, frontline health workers.*

Borno State's current Maternal Mortality Ratio (MMR) is estimated to be more than 700 per 100,000 live births, which is ten times higher than the SDG targets (70 per 100,000 live births). The Infant Mortality Rate (IMR) is 52 deaths per 1,000 live births, which is 4.3 times the SDG target of 12, and the Under-5 Mortality Rate (U5MR) is 86 deaths per 1,000 live births, which is 3.4 times the SD target of 25<sup>6</sup>.

This shows that Borno state and other states like it are making it difficult for Nigeria to be on track to reach the health related SDG targets.

## Addressing barriers to the availability and retention of health workers

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Several barriers limit the availability and retention of the health workforce in Borno State. These factors need to be addressed if we are to make progress towards global and state ambitions by 2030. They include: inadequate incentives; unwillingness of deployed Midwifery Service Scheme midwives to work in Borno; inadequate funding and release; delay in completing employment processes; unfavourable policies such as employment of non-indigenes only on a contract basis and posting health workers outside their LGA of origin; interference with deployment /postings; lack of adequate number of midwives for employment; health worker attrition- remuneration gaps; and insecurity and conflict in the state and surrounding areas.

A strong policy on attracting, recruiting and retaining skilled health workers with incentive packages will start to reverse the trend. Table 2 outlines the enabling factors highlighted by WHO for motivating and retaining health workers.

**More than 90 children out of every 1000 die before their 5th birthday in Borno**

**Too many barriers are limiting the number of health workers available, strong policy changes are needed**

## Table 2 Enabling factors: Motivation and retention of Health workforce (WHO)

Source: *Increasing Access to Health Workers in Remote and Rural Areas Through Improved Retention: Global Policy Recommendations*. Carmen Dolea, World Health Organization. 2010.

<b>Education</b>	<ul style="list-style-type: none"><li>■ Target admission policies to enrol rural female students.</li><li>■ Locate health training schools in rural areas.</li><li>■ Expose female students of various health disciplines to rural community experiences and clinical rotations.</li><li>■ Design continuing education accessible to rural health workers to support their retention.</li></ul>
<b>Policy</b>	<ul style="list-style-type: none"><li>■ Introduce and regulate enhanced scopes of practice in rural areas.</li><li>■ Introduce different cadres of health workers with appropriate training and regulation for rural practice e.g. Community Midwife, Community Health Extension Worker.</li><li>■ Ensure compulsory service requirements in rural areas plus appropriate support and incentives.</li><li>■ Provide scholarships and other education subsidies with enforceable agreements of return of service in rural areas.</li></ul>
<b>Finance</b>	<ul style="list-style-type: none"><li>■ Use a combination of fiscally sustainable financial incentives, such as hardship allowances, grants for housing, free transportation, paid vacations, etc., sufficient to outweigh the opportunity costs (as perceived by health workers) associated with working in rural areas to improve rural retention.</li></ul>
<b>Infrastructure</b>	<ul style="list-style-type: none"><li>■ Improve living conditions for health workers and their families and invest in infrastructure and services (sanitation, electricity, telecom, schools, etc.).</li><li>■ Provide a safe working environment with support systems.</li></ul>

1. [Global Strategy on Human Resources for Health \(Workforce\) 2030, WHO](#)

2. [ibid](#)

3. <https://www.citypopulation.de/php/nigeria-admin.php?adm1id=NGA008>

4. [https://www.who.int/workforcealliance/countries/Nigeria\\_En.pdf](https://www.who.int/workforcealliance/countries/Nigeria_En.pdf)

5. <https://allafrica.com/stories/201309040940.html>

6. [Demographic and Health Survey \(DHS\), Nigeria 2018](#)



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