BMAU BRIEFING PAPER (6/13)

THE REPUBLIC OF UGANDA

MAY, 2013

Health workers' shortage in Uganda: Where should the government focus its efforts?

Overview

The Government of Uganda has recognized the acute lack of staff in the country's health sector. During the budget deliberations for financial year 2012/13 an additional Ug Shs 50billion was allocated to the health sector for the recruitment of new staff and to cater for additional allowances of some cadres. However even with these extra funds, for the recruitment of just over 6,100 staff there will still remain a shortage of health workers in the country and more efforts are required.

This brief sets out the a) magnitude of the health worker shortage b) main causes of the shortage and c) policy recommendations.

Key Issues

1) Remuneration packages for health staff are not adequate and therefore staff are leaving government facilities to work elsewhere or are engaging in secondary forms of employment.

2) Often the number of health worker cadres at each facility is not optimal leading to poor service delivery.

3) Lack of promotional opportunities at the local government level is causing an outflow of health staff to central government or private facilities.

4) Health worker to population ratio is high and the issue is more acute in lower level health facilities.

Background

The National Development Plan [2010/11 – 2014/15] highlights the shortage of health workers as a major challenge in improving the health of the Ugandan population. The health worker to population ratio in Uganda is 1:1298 compared to the World Health Organization (WHO) guidelines of 1:439[1].

Uganda has made progress in improving the health of its population. There has been an improvement in the following key health indicators: life expectancy at birth improved from 52 years in 2008 to 54 years in 2011; the maternal mortality ratio reduced from 435 per 100,000 live births in 2006 to 325 per 100,000
live births in 2011; and infant mortality reduced from 76 per 1000 live births in 2006 to 63 per 1000 live births in 2011[2]. Since 2003, the number of government health units has increased from 2301 to 2680[3]. This has

however not been matched with the required increase in the number of health workers. Due to the shortage of health workers and other factors, limited progress has been made towards the achievement of the key health indicators.

The Ugandan health sector has experienced challenges related to recruitment and retention of qualified staff; this is mainly due to low remuneration as well as insufficient career opportunities[4]. In 2010 there was a very low doctor to patient ratio of 1:24,725 and a nurse to patient ratio of 1:11,000. Both at an international and regional level, remuneration of health workers in Uganda is much

1 National Development Plan; 2010/11 – 2014/15;
2 Uganda Vision 2040; National Planning Authority
3 UBOS 2012 Statistical Abstract p.29
4 National Development Plan; 2010/11 – 2014/15

lower than most other countries. A doctor in Kenya for example earns approximately four times more than their counterpart in Uganda[5]

Magnitude of the health worker shortage

a) Number of health workers in selected government health facilities

A health workers audit carried out by the Ministry of Health in 2011 established the staffing levels in the health sector, as shown in table 1.

Table 1: Staffing positions filled by health facility type

Health Facility	No. of Units	% Filled
Mulago Hospital	1	87%
Butabika Hospital	1	93%
Regional Referral Hosp	13	72%
General Hospitals	39	63%
District Health Offices	112	57%
Health Centre IV	164	60%
Health Centre III	803	60%
Health Centre II	1321	45%
Urban Authorities	155	50%
National Level	**2,609**	**58%**

Source: Human Resources for Health Audit report 2011; Ministry of Health
Note: % Filled calculated by dividing the number of positions filled including support staff by the Ministry of Health staffing norms

Table 1 shows that 42% of all health worker positions were vacant in 2011. Staff shortages were more acute for lower level health facilities such as for health centre II's where around 55% of positions were vacant, compared to Regional Referral Hospitals with an average of 28%.

Overall, the proportion of filled positions went up from 56% in 2010 to 58% in 2011 which is still below the target of 75% staffing level set by the Ministry of Health.[6] Figures presented in table 1 do not reflect the required number of cadres of each level needed for the health facilities to operate optimally; as sometimes there are fewer qualified health staff than required by the health facilities thus compromising service delivery.

b) Evidence from monitoring work

During quarter 2 of financial year 2012/13, the Budget Monitoring and Accountability Unit (BMAU) identified a number of major challenges faced by the health sector including; staff shortages, budget cuts for capital development grants and inadequate funds for non-wage recurrent expenditure.

The monitoring indicated staff shortages for both regional referral hospitals and local governments which resulted in poor service delivery. At the district level it was noted that the combination of health workers employed was sub-optimal as often the majority of health workers were of lower cadres such as; nursing assistants and support staff. Many districts experienced a shortage of higher cadre health staff such as doctors and mid-wives. Some examples are highlighted in boxes 1 and 2 below.

Box 1: Health staff shortages in district local governments

- **Nakasongola district;** the staffing levels stood at around 55%, with an acute shortage of doctors; the district health officer was the district's only doctor. There were 42 midwives out of the required 57. The attrition rate stood at approximately 5% of staff and those who had left included the District Health Officer, several clinical officers, mid-wives and nurses.

- **Pallisa district;** the staffing level stood at 63%. The numbers of health workers and support staff was low and the combination of health workers was sub-optimal, as the majority of staff were of lower cadres such as nursing assistants and support staff; the district was experiencing an acute shortage of doctors and mid-wives.

- **Mityana district;** the district's staffing level stood at approximately 48% which is less than the recommended target of 75%.1 For instance in four of the districts health centre II's, Lusalira, Katiko, Kiteredde, and Mpongo, the facilities were being managed by a single member of staff; meaning that patients were likely to receive inadequate care.

5 Motivation and Retention Strategy; Ministry of Health 2009
6 *Health Sector Strategic and Investment Plan 2010/11 – 2014/15*

Box 2: Staff shortages in a Regional Referral Hospital

Fort Portal Regional Referral Hospital; the staffing level was around 75% including support staff. The shortage is greatest amongst doctors and other specialists. The private ward was not fully functional because of the shortage of medical officers and other specialists and it required an additional 50 specialized and non-specialized staff. However it has proved difficult to attract staff in part due to low remuneration. As a result, only 11 of the 37 rooms in the private ward were being utilized.

The hospital's HIV clinic although staffed at 88% was still struggling to meet the patient demand for health services; with over 10,000 patients treated a month.

Main causes of the staff shortages

- ***Remuneration for health workers:*** funding from the Government is inadequate to provide the salaries and allowances required to attract and retain the needed number of health sector staff. The issue of remuneration goes beyond salaries and encompasses the lack of other incentives such as staff accommodation provided by health facilities (see box 3). To supplement income it was reported that some staff took on secondary jobs for example working in private health facilities during official working hours which adversely impacts on health service delivery in government facilities.

- ***Lack of promotional opportunities at local government level:*** the staffing structures at local government facilities are rigid. At health centre IV's for example the highest attainable position was senior medical officer. If a member of staff attained further qualifications or was very experienced there would be no incentive for them to remain at the facility as remuneration was not commensurate with their expertise.

Box 3: Staff accommodation shortages

- Fort Portal Regional Referral Hospital; there was an acute shortage of staff accommodation with less than 10% of staff accommodated. Due to the high costs of renting accommodation in the area, staff often left the hospital to work in other health facilities or districts. The expected minimum monthly provision of Ug Shs 30,000/= for travel expenses to staff without accommodation was insufficient to adequately compensate for a lack of accommodation.

- Nakasongola District; only 52% of staff had accommodation within the health facilities' premises. Those without accommodation had to rent accommodation which was far from the health facilities. This compromised service delivery to patients as staff often arrived late or were absent due in part to the distances travelled.

Conclusion

Evidence shows there is an acute shortage of health workers in Uganda for all types of health facilities. However it was more acute for lower level facilities. Monitoring work suggests that low staff remuneration is the main cause of staff shortages in the health sector. Comparing the salaries of Ugandan health workers to those in the region shows that remuneration is relatively low.

Policy recommendations

1. Improve remuneration for health workers;

i. Salaries for health workers need to be raised to meet those of neighbouring countries such as Kenya otherwise there is a risk that trained staff will continue to leave Uganda for better paying jobs abroad.

ii. Other incentives such the provision of staff accommodation (photo) or adequate travel allowances if accommodation is not provided for; this is most important in hard to reach/stay areas. In addition the provision of subsidized meals, childcare facilities and support for further studies.

iii. Review of local government health staff salaries to reduce the outflow of health workers from local government facilities. Remuneration should be reviewed so that health workers are rewarded depending on their experience and qualifications as opposed to the existing structure where salaries are lower than what can be potentially earned working elsewhere.

2. Recruitment of more staff to the health sector; the Government of Uganda has made an attempt to increase the number of health workers by just over 6100 personnel in financial year 2012/13. The increase needs to continue in subsequent

years in order to meet the WHO guidelines of having a health worker to population ratio of 1:439. To meet this target would require the number of health workers to almost triple[7]. Attention needs to be given to composition of health staff to ensure that there is the required number of professionals and support staff at each health facility which is not the case at present.

Masindi District: staff quarters constructed at Bundongo HCII is an illustration of an incentive

References:

Approved estimates of revenue and expenditure
FY2012/13; Ministry of Finance, Planning and Economic Development
Health Sector Strategic and Investment Plan

2010/11 – 2014/15; Ministry of Health
Human Resources for Health Audit report2011; *Ministry of Health* Motivation and Retention Strategy; Ministry of Health 2009

National Development Plan FY2010/11- FY2014/15; Ministry of Finance, Planning and Economic Development; National Planning Authority

Q2 FY2012/13 Report; Budget Monitoring and Accountability Unit
Statistical Abstract 2012 Uganda Bureau of Statistics
Uganda Vision 2040*; National Planning Authority*

Budget Monitoring and Accountability Unit (BMAU)
Ministry of Finance, Planning and Economic Development
P.O. Box 8147 Kampala Telephone: 0414 235055
www.finance.go.ug

7 Not accounting for population growth