



# HEALTH WORKER

## GLOBAL INDEX

A major new index by Save the Children has ranked the best and worst countries for a child to fall sick in. The index measures not only how many health workers there are but also their reach and impact. It also tracks the proportion of children who receive regular vaccinations and mothers who have access to life-saving emergency care at birth.

Save the Children  
**EVERY  
ONE**



## Children five times more likely to die in countries hit by health worker crisis

A major new index by Save the Children has ranked the best and worst countries for a child to fall sick in – with Chad and Somalia at the bottom and Switzerland and Finland at the top.

The new analysis shows that children living in the bottom 20 countries – which fall below the WHO minimum threshold of just over two health workers for every thousand people – are five times more likely to die than those further up the index.

Released two weeks in advance of a crucial UN meeting in New York, the index highlights countries such as Ethiopia, Nigeria and Sierra Leone where millions of children could die simply because of a lack of trained health workers.

The index measures not only how many health workers there are but also their reach and impact. It also tracks the proportion of children who receive regular vaccinations and mothers who have access to life-saving emergency care at birth.

The charity is highlighting a global shortage of over 3.5 million doctors, nurses, midwives and community health workers. Without them no vaccine can be administered, no life-saving drugs prescribed and no woman can be given expert care during her childbirth. Illnesses such as pneumonia and diarrhoea, which are easily treated, become deadly.

Ben Phillips of Save the Children said:

“A child's survival depends on where he or she is born in the world. No mother should have to watch helplessly as her child grows sick and dies, simply because there is no one trained to help. World leaders must tackle the health worker shortage and realise that failing to invest in health workers will cost lives. Even the poorest countries in Africa can make real progress if they stick to their pledge of investing 15% of their budgets in health.”

Analysis of the rankings showed:

- Success is possible in low-income countries. Bangladesh and Nepal have invested wisely in community health workers and as a result are on track to reach Millennium Development Goal number 4: cutting child deaths by two thirds. However more midwives are needed to sustain progress in both countries.
- Children living in the most remote areas are least likely to see a health worker. In Ethiopia just under 70% of women say that a clinic is too far away, whilst in Sierra Leone, Uganda and Niger more than half of all women surveyed say that the clinic is just too far for them to reach.
- Female health workers are crucial in countries such as Afghanistan, Nepal and Ethiopia where women are unable to see a male health worker for cultural reasons. Afghanistan is increasing the number of female health workers which has helped to reduce child mortality.

Save the Children is lobbying world leaders at this year's annual UN meeting to end the health worker crisis. Rich nations must step up their funding of health, especially as there is two thirds shortfall of what is needed globally. The commitment of developing countries is crucial: in 2001 countries across Africa pledged to spend 15% of their national budgets on healthcare – but only 8 have done so.

Save the Children is lobbying for governments, donors and partners to:

- Recruit more health workers with appropriate skills
- Make better use of existing health workers to reach the most vulnerable children
- Ensure that all health workers are paid a fair wage
- Deliver more funding for healthcare, and in a more effective way

The health worker index includes three indicators:

1. a measure of health worker density
2. the percentage of children receiving three doses of the vaccine for diphtheria, whooping cough and tetanus
3. skilled birth attendance rate

161 countries, those with accurate data available, are included in the index. Countries with a population of less than 500,000 were not included.

## THE TOP AND BOTTOM 20 COUNTRIES ARE AS FOLLOWS:

### TOP 20

COUNTRY	OVERALL INDEX SCORE	RANK
Switzerland	0.983	1
Finland	0.967	2
Ireland	0.957	3
Norway	0.953	4
Belarus	0.943	5
Denmark	0.929	6
Sweden	0.912	7
Cuba	0.903	8
Uzbekistan	0.883	9
Germany	0.882	10
Russian Federation	0.872	11
France	0.867	12
Czech Republic	0.866	13
United Kingdom	0.857	14
United States	0.855	15
Kazakhstan	0.854	16
Australia	0.849	17
New Zealand	0.849	17
Lithuania	0.843	19
Qatar	0.832	20

### BOTTOM 20

COUNTRY	OVERALL INDEX SCORE	RANK
Madagascar	0.414	142
Bangladesh	0.404	143
Sierra Leone	0.394	144
Uganda	0.377	145
Liberia	0.372	146
Afghanistan	0.368	147
Guinea-Bissau	0.366	148
Papua New Guinea	0.359	149
Yemen	0.355	150
Nepal	0.347	151
Guinea	0.346	152
Niger	0.346	152
Timor-Leste	0.339	154
Equatorial Guinea	0.339	154
Central African Republic	0.334	156
Nigeria	0.303	157
Ethiopia	0.287	158
Lao P.D.R.	0.278	159
Somalia	0.216	160
Chad	0.130	161

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Malawi has demonstrated how a country's health worker gap can best be filled by developing a national health workforce plan and budget that is then supported by donors.

Malawi's Emergency Human Resources Programme (EHRP) increased the health workforce by 53% between 2004 and 2009, saving an estimated 13,000 lives.

The plan consisted of five interventions that addressed the country's long-term health worker needs, while also implementing temporary measures that met immediate needs:

1. Improving incentives through a 50% salary top-up for 11 different types of health worker, along with new recruitment and re-engagement strategies.
2. Expanding training capacity to double the number of nurses and treble the number of doctors who could be trained.
3. Using international volunteer doctors and nurse tutors in the short-term while largescale training was taking place.
4. Strengthening the ministry of health's ability to plan, manage and develop human resources.
5. Developing health-management information systems to monitor and evaluate human resource capacity.

The EHRP was implemented with the financial and technical support of development partners through a sector-wide approach, in which donors provided funding for the core health budget, enabling the government to set its own priorities and implement a single national plan. The evaluation of the EHRP said that political will, the participation of multiple partners and stakeholders, long-term planning and the balance between different cadres of health worker had all been essential to the success of the programme. The government could not have paid for the entire plan, including the substantial salary top-ups, without donor support.

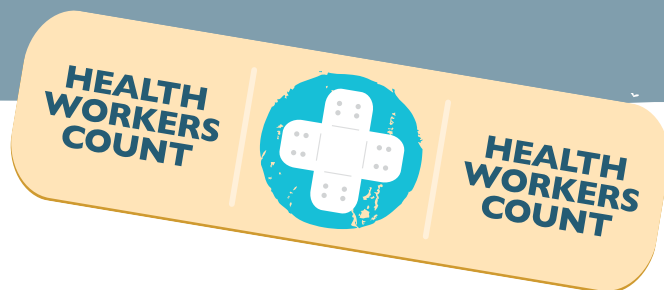
In Nepal, Save the Children has been supporting the Ministry of Health to improve healthcare services for newborns and mothers.

The project includes training existing health workers to give them new skills to save newborn babies. Nepal has a unique and well-established body of more than 48,000 female health volunteers who act as the frontline provider of a wide range of maternal and child health services throughout the country. They have been the bridge between the formal health system and the community since the 1990s. These community health volunteers carry out home visits before and after birth. They have been trained in newborn care, including resuscitation and skin-to-skin care for premature or underweight babies. Although volunteers are not medically qualified, they have been trained to identify the danger signs of serious infection – which is the leading cause of newborn deaths in Nepal. The Nepalese government has rolled out the training across 10 districts and has demonstrated its commitment to saving the lives of newborns by providing effective support and incentives for these volunteers. Working with other partners, Save the Children's role in the project was to provide evidence of how effective these interventions could be, give technical assistance and help shape the government's policy – along with providing direct training in one district. Nepal is on track to meet MDG 4 – reducing childhood mortality by two-thirds by 2015.

# SAVE THE CHILDREN HEALTH WORKER INDEX

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Switzerland	0.983	1
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Cuba	0.903	8
Uzbekistan	0.883	9
Germany	0.882	10
Russian Federation	0.872	11
France	0.867	12
Czech Republic	0.866	13
United Kingdom	0.857	14
United States	0.855	15
Kazakhstan	0.854	16
Australia	0.849	17
New Zealand	0.849	17
Lithuania	0.843	19
Qatar	0.832	20
Slovenia	0.830	21
Italy	0.829	22
Greece	0.825	23
Ukraine	0.822	24
Slovak Republic	0.821	25
Estonia	0.819	26
Austria	0.819	26
Hungary	0.819	26
Israel	0.806	29
Portugal	0.804	30
Uruguay	0.802	31
Spain	0.801	32
Canada	0.799	33
Poland	0.794	34
Brazil	0.790	35
Croatia	0.789	36
Armenia	0.786	37
Libya	0.785	38
Bulgaria	0.784	39
Singapore	0.784	39
Latvia	0.780	41
Kyrgyz Republic	0.774	42
Moldova	0.770	43
Turkmenistan	0.767	44
Korea, Rep.	0.767	44
Macedonia, FYR	0.767	44
Kuwait	0.765	47
Jordan	0.765	47
Cyprus	0.764	49
Japan	0.762	50
Montenegro	0.761	51
Georgia	0.761	51
Democratic People's Republic of Korea	0.756	53
Oman	0.755	54
Serbia	0.754	55
Romania	0.754	55
Mongolia	0.752	57
Albania	0.744	58
Bahrain	0.743	59
Mauritius	0.740	60
United Arab Emirates	0.740	60
Azerbaijan	0.740	60
Bosnia and Herzegovina	0.734	63
Netherlands	0.724	64
Mexico	0.722	65
Tajikistan	0.722	65
Tunisia	0.720	67
Belgium	0.718	68
Malaysia	0.706	69
Trinidad and Tobago	0.705	70
Fiji	0.700	71
China	0.700	71
Saudi Arabia	0.697	73
Iran (Islamic Republic of)	0.696	74
Sri Lanka	0.692	75
Egypt	0.692	75
Argentina	0.690	77
Botswana	0.688	78
Thailand	0.685	79
Chile	0.684	80

COUNTRY	OVERALL INDEX SCORE	RANK
Algeria	0.680	81
Turkey	0.680	81
Guyana	0.679	83
Lebanon	0.669	84
Dominican Republic	0.661	85
Colombia	0.660	86
Jamaica	0.657	87
Panama	0.656	88
El Salvador	0.655	89
Costa Rica	0.654	90
Swaziland	0.654	90
Viet Nam	0.649	92
Venezuela	0.644	93
Syrian Arab Republic	0.633	94
Ecuador	0.630	95
Paraguay	0.628	96
Suriname	0.624	97
Djibouti	0.623	98
Peru	0.621	99
Cape Verde	0.620	100
Philippines	0.616	101
South Africa	0.615	102
Namibia	0.600	103
Congo	0.597	104
Nicaragua	0.596	105
Honduras	0.581	106
Bolivia	0.576	107
Morocco	0.564	108
Bhutan	0.564	108
Indonesia	0.562	110
Benin	0.537	111
Myanmar	0.534	112
Solomon Islands	0.531	113
Gambia	0.526	114
Gabon	0.523	115
Ghana	0.523	115
Iraq	0.517	117
Congo, Dem. Rep. of	0.514	118
Togo	0.509	119
Cameroon	0.506	120
Rwanda	0.505	121
Comoros	0.497	122
Malawi	0.494	123
Lesotho	0.493	124
Cambodia	0.476	125
Cote d'Ivoire	0.470	126
Senegal	0.468	127
Burkina Faso	0.465	128
Sudan	0.463	129
Zimbabwe	0.459	130
Mozambique	0.443	131
Zambia	0.438	132
Pakistan	0.435	133
Eritrea	0.435	133
Tanzania	0.432	135
Mauritania	0.430	136
India	0.427	137
Angola	0.425	138
Burundi	0.422	139
Kenya	0.418	140
Mali	0.416	141
Madagascar	0.414	142
Bangladesh	0.404	143
Sierra Leone	0.394	144
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Save the Children is part of a coalition of over 300 organisations campaigning for More Health Workers, Better Supported.

## WHY HEALTH WORKERS?

Health workers are critical to saving lives: they are the single most important element of any health service. Without them, no vaccine can be administered, no life-saving drugs prescribed, no family planning advice provided and no woman can be given expert care during childbirth. Without health workers conditions like pneumonia and diarrhoea – which can be treated easily by someone with the right skills, supplies and equipment – become deadly.

Health workers are vital for progress on maternal and child survival. Ensuring that a health worker is within reach, and is trained, equipped and supported, is crucial to the achievement of Millennium Development Goals 4 and 5. Health workers are also vital for addressing MDG 6, non-communicable diseases, and other important health and development issues.

## WHY NOW?

In September around the UN General Assembly meeting in New York, countries will meet to assess progress on women and children's health and discuss ways forward. A growing number of organisations, together with several UN bodies, are working together to make this a crunch moment – an opportunity for a major political breakthrough on health workers.

On 20 September an informal but high-level political event will provide the platform for world leaders to set out their commitments to increase the number of health workers in their own countries and ensure resources and support for new and existing health workers. We want key donor and developing countries to see September as a moment for a step-change involving substantial and specific commitments to expand the number of health workers and give them the support they need.

## WHO'S BEHIND THIS?

In late May 50 organisations issued an urgent call for more health workers, better supported, published in the UK newspaper, The Guardian. Since then over 300 organisations have added their voice to the call.

## WHAT EXACTLY ARE WE CALLING FOR?

Organisations and individuals are supporting this statement:

"As the UN secretary general has noted, the world is suffering from a massive gap of more than 3.5 million health workers. This includes a pressing need for at least 1 million community health workers and 350,000 midwives. Millions more existing health workers lack the support, equipment and training they need.

Health workers are vital for progress on global health and development, and for ensuring the millennium development goals are met. Bold leadership is needed. World leaders each need to make new, substantial and specific commitments to expand the number of health workers and better support those workers who are already in place.

To motivate this kind of bold leadership will require a powerful coalition with strong public support. For this reason, a diverse range of organisations are issuing today this urgent call for more health workers, better supported. We share a vision where there is a health worker within reach of everyone, in every community. Together we are determined to help inspire action on health workers that will save millions of lives, with a breakthrough at the UN general assembly meetings in September."

For more information go to  
[www.healthworkerscount.org](http://www.healthworkerscount.org)