

Health worker shortages strongly linked to excess deaths

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Shortages of health workers such as doctors, nurses and midwifery staff are strongly associated with higher death rates, especially for certain diseases such as neglected tropical diseases and malaria, pregnancy and

birth complications, diabetes and kidney diseases, finds an analysis of 172 countries and territories, published by *The BMJ* today.

The results show that, although inequalities in health workforces have been decreasing globally over the past 30 years, they continue to have a substantial impact on [death rates](#) globally—and the researchers say targeted action is needed to boost health workforces in these priority areas.

The term human resources for health (HRH) refers to a range of occupations, including doctors, nurses, midwives, dentists and other allied professions and support functions designed to promote or improve health.

This workforce is key to achieving the goal of universal health coverage by 2030.

Although several studies have analyzed the relation between HRH density and deaths, studies on inequalities in total and specific HRH types and relations with specific causes of death from a global perspective are scarce.

To address this, researchers used data from the Global Burden of Disease Study 2019, United Nations Statistics, and Our World in Data to measure the associations between HRH and all cause and cause specific deaths in 172 countries and territories representing most of WHO's member states. They also explored the inequalities in HRH from 1990 to 2019.

Globally, the total health workforce per 10,000 population increased, from 56 in 1990 to 142.5 in 2019.

In 2019, the total health workforce was distributed unevenly and was

more concentrated among countries and territories that ranked high on the [human development index](#) (a summary measure of education, health, and income).

For example, Sweden had the highest access to HRH per capita (696.1 per 10,000 population), whereas Ethiopia and Guinea had less than one ninth of the global HRH level, with 13.9 and 15.1 workers per 10,000 population, respectively.

The all-cause aged standardized death rate decreased from 995.5 per 100,000 population in 1990 to 743.8 per 100,000 in 2019. And for most of the 21 specific causes of death analyzed, the number of deaths per 100,000 population declined from 1990 to 2019, except for those due to neurological and [mental disorders](#), [skin diseases](#), and muscle and bone disorders.

The death rate for HIV/AIDS and sexually transmitted infections increased from 2 per 100,000 population in 1990 to 3.6 per 100,000 in 2000, but then decreased steadily to 3.4 per 100,000 population in 2019.

The risk of death due to gut infections, neglected [tropical diseases](#) and malaria, diabetes and kidney diseases, and disorders of pregnancy and birth was more pronounced (between 2 and 5.5 times higher) in countries and territories with low or the lowest health worker density than in those with the highest density.

This is an [observational study](#), so it can't establish cause, and the researchers point to several potential limitations in the data that might have influenced their results, although the associations were similar after further analysis, suggesting that the results are robust.

As such, they conclude, "Our findings highlight the importance of expanding the financing of health and developing equity oriented

policies for the health [workforce](#) to reduce deaths related to an inadequate HRH."

More information: Association between inequalities in human resources for health and all cause and cause specific mortality in 172 countries and territories, 1990-2019: observational study, *The BMJ* (2023). [DOI: 10.1136/bmj-2022-073043](https://doi.org/10.1136/bmj-2022-073043)

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