**Unit 1 -­‐ Session 3**

**HEALTH WORKFORCE CRISES AND RESILIENCE**

## 1 INTRODUCTION

This session will provide insight into the particular importance of and the great challenges faced by health workers in crisis situations; be they acute health crises like the Ebola epidemic in West African countries a few years ago, or chronic crises as experienced in fragile and war-­‐torn states – or even the chronic everyday stresses and crises of under-­‐ resourced health systems. The session will conclude with some resources and thoughts on how health workers show and build resilience in the face of crises.

# 2 LEARNING OUTCOMES OF THIS SESSION

#### By the end of this session you should be able to:

§ Demonstrate an understanding of the particular way in which health workers are affected by acute crises.

§ Consider health workers’ particular roles in rebuilding and strengthening communities and health systems during and after crises.

§ Discuss how health workers can be supported during crises.

**3 READINGS**

You will be referred to the following readings during this session:

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| **Details** |
| Care international (not dated). CRITICAL DIAGNOSIS: The Case for Placing South Sudan’s Healthcare System at the Heart of the Humanitarian Response. URL: https://goo.gl/u8yPB6. |
| Martina Lembani et al (2014). A Case Study of Health Service Provision in Yobe State, Nigeria in the Context of the Boko Haram Insurgency. URL: https://rebuildconsortium.com/media/1202/health-­‐ systems-­‐resilience\_yobe-­‐case-­‐study\_finalized-­‐report.pdf |
| Sophie Witter and Haja Wurie on “After Ebola: supporting frontline health workers”; at[http://blogs.lshtm.ac.uk/hppdebated/2014/11/12/ebola-­‐](http://blogs.lshtm.ac.uk/hppdebated/2014/11/12/ebola-)suppporting-­‐health-­‐workers-­‐front-­‐line/ |

Stella Dawson on “Storytelling trumps smartphones in Ebola crisis, experts say” on

[http://www.reuters.com/article/2014/11/20/aid-­‐](http://www.reuters.com/article/2014/11/20/aid-)information-­‐idUSL2N0T92TX20141120

## 4 HEALTH WORKERS BEARING THE BRUNT OF CRISES

In 2014 the Ebola outbreak in West Africa brought the conditions of health systems in many African countries into stark relief. In December Marie-­‐Paule Kieny, Deputy Secretary General of the *World Health Organization*, acknowledged:

### Ebola became epidemic in Guinea, Liberia, and Sierra Leone in large part because of their weak health systems. Particular weaknesses included insufficient numbers of qualified health workers, and inadequate surveillance and information systems. Other weaknesses include the absence of or weak rapid response systems, few laboratories - all located in cities - unreliable supply and procurement systems for PPEs and other supplies, lack of electricity and running water in some health facilities, few ambulances, and limited public health education, community outreach and engagement.

When the outbreak started, existing public health services –

which were already quite limited – were diverted to Ebola. In addition, many health workers became ill and died from the virus. The net result is that people have encountered significant barriers in accessing needed care, whether for Ebola or for other, more typical health conditions. …

The answer to stopping Ebola outbreaks of this amplitude is strengthening health systems, yes. But more importantly than simply strengthening existing capacity for Ebola, countries need to create resilient integrated systems that can be responsive and proactive to any future threat.

[http://www.who.int/mediacentre/commentaries/health-­‐](http://www.who.int/mediacentre/commentaries/health-)systems-­‐ebola/en/)

The Ebola crisis has shocked the world; in part, because it has jumped borders into the Northern hemisphere, and in part because it presents so dramatically. It has led to calls for health systems strengthening. A new term, ‘health systems resilience’ , has been added to the international health discourse.

And yet………

In an article in Bloomberg Business Week, Charles Kenny points out:

“It’s worth putting those numbers in perspective. According to global burden of disease estimates, every four months in Sierra Leone sees around 650 deaths from meningitis, 670 from tuberculosis, 790 from HIV/AIDS, 845 from diarrheal diseases, and more than 3,000 from malaria. This is the worst outbreak of Ebola yet; since it began, the disease has been responsible for just 2 percent of all deaths in Sierra Leone. It killed no one in the country in the months and years before that, and assuming this outbreak is controlled soon, years will pass before it kills anyone again” ([http://www.bloomberg.com/bw/articles/2014-­‐](http://www.bloomberg.com/bw/articles/2014-)08-­‐11/the-­‐ebola-­‐outbreak-­‐shows-­‐ why-­‐the-­‐global-­‐health-­‐system-­‐is-­‐broken).

So, acute and dramatic health crises are a chronic condition in many African countries. And health workers bear the brunt: dramatically increased workloads, with often dramatically decreasing resources; risk of infection and exposure; and often hostility from communities, who may hold health workers responsible for their plight – as was the case in a remote area of Guinea where eight healthcare workers and journalists were murdered when they arrived to educate locals about the deadly virus ([http://www.reuters.com/article/2014/11/20/aid-­‐](http://www.reuters.com/article/2014/11/20/aid-) information-­‐idUSL2N0T92TX20141120).

Before we give some thought to strategies, which support health workers, however, let us look at other crises, such as civil wars, which equally dramatically impact the professional and personal lives of health workers.

Sierra Leone and Liberia were just beginning to recover from years of civil war when this latest crisis struck. But other countries in Africa continue to see low-­‐ or high-­‐grade conflict, unrest and war.


#### Activity 1: Think about the effects of humanitarian crises on health workers and what can be do ne to better support them

Read the following two reports with the following questions in mind:

* What are the similarities and differences between the two ‘cases’ (Northern Nigeria and South Sudan) from a HR perspective?

**Discussion group 1**

* Categorise the HR issues emerging from these stories in terms of immediate, conflict related issues, and more ‘up-­‐stream’ or structural causes, as well as spheres influence (i.e., who in the health system can intervene in what issues?
* What lessons for medium to long-­‐term interventions can be learnt from these cases? How would you advise national and district authorities in Liberia, Sierra Leone and Guinea?

Share your answers to these questions and any other thoughts in the first discussion group of the module.

#### Please check the module diary under the *Course Outline* tab for the submission date.

These are the reports:

Care international (not dated). CRITICAL DIAGNOSIS: The Case for Placing South Sudan’s Healthcare System at the Heart of the Humanitarian Response. URL: https://goo.gl/u8yPB6.

Martina Lembani et al (2014). A Case Study of Health Service Provision in Yobe State, Nigeria in the Context of the Boko Haram Insurgency. URL: https://rebuildconsortium.com/media/1202/health-­‐ systems-­‐resilience\_yobe-­‐case-­‐study\_finalized-­‐report.pdf.

I strongly suggest that you also look at the ReBuild website, and particularly the Blog by Sophie Witter and Haja Wurie on “After Ebola: supporting frontline health workers”; at [http://blogs.lshtm.ac.uk/hppdebated/2014/11/12/ebola-­‐](http://blogs.lshtm.ac.uk/hppdebated/2014/11/12/ebola-)suppporting-­‐health-­‐workers-­‐front-­‐line/

Also read the article by Stella Dawson on “Storytelling trumps smartphones in Ebola crisis, experts say” on [http://www.reuters.com/article/2014/11/20/aid-­‐](http://www.reuters.com/article/2014/11/20/aid-)information-­‐idUSL2N0T92TX20141120

## 5 EVERYDAY CRISES AND HEALTH WORKER RESILIENCE

We in the SOPH, together with colleagues from other universities in the region and from the health services, have in recent years done substantial work on better understand the everyday stresses and crises health workers are under, and how particularly managers make efforts to build the resilience of individuals, teams and systems under trying conditions.

We have published about this work:

* Gilson L, Barasa E, Nxumalo N, Cleary S, Goudge J, Molyneux S, Tsofa B, Lehmann U. (2017). Everyday resilience in district health systems: emerging insights from the front lines in Kenya and South Africa. *BMJ Global Health* 2 (2)
* Elloker S, Olckers P, Gilson L & Lehmann U (2013). Crises, routines and innovations: the complexities and possibilities of sub-­‐district management. *South African Health Review 2012*. Chpt 13. Durban: Health Systems Trust.

You can find both articles on the Ikamva site under course resources.

And recently colleagues from the *London School of Hygiene and Tropical Medicine* developed a video animation on health systems resilience based on this work. You can find it at https://[www.youtube.com/watch?v=Rgw7muwkGWo.](http://www.youtube.com/watch?v=Rgw7muwkGWo) It is under seven minutes long and fun to watch.

## 5 SESSION SUMMARY

In this session we discussed the impact of different forms of crises (health emergencies, civil unrest) on health workers, and what steps could be taken to support and strengthen health workers by building resilient health systems from the bottom up.