# Ensuring Health Care Workers and Strengthening Health Systems for HIV/AIDS Treatment in Sub-Saharan Africa

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"The most critical issue facing health care systems is the shortage of people who make them work."

(WHO World Health Report 2003, 110)

- Dimensions of the Shortage
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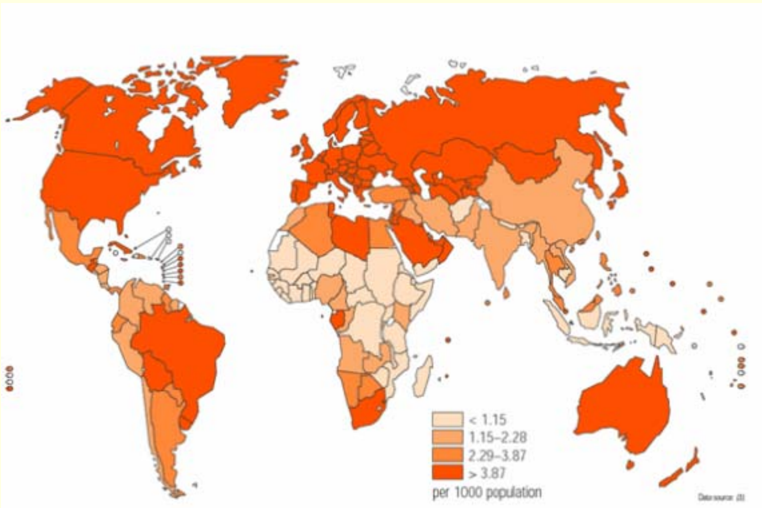
# Dimensions of the Problem

The Global Health Care Shortage Affects both Rich and Poor Countries

- Wealthy countries are experiencing shortages and projected shortages of nurses and nursing assistants.
- Factors making the trend worse include an aging population, an aging nursing workforce, stagnant or declining earnings relative to other career options, low job satisfaction and low levels of new nurses.
- In 2000, the U.S. had an estimated nursing shortage of 110,000 and that is projected to grow to 808,400 by 2020. (Source: Kaiser Family Foundation, 2005)

# Dimensions of the Problem

**World distribution of health workers**




This map is an approximation of actual country borders Source: WHO (2006). The World Health Report 2006 – Working Together for Health. Geneva, World Health Organization.

## All Problems Are Relative: the Americas versus Sub-Saharan Africa

| The Americas | Sub-Saharan Africa |
|---|---|
| 14% of the world's population | 11% of the world's population |
| 10% of the global burden of disease | 25% of the global burden of disease |
| 42% of the world's health workers | 3% of the world's health workers |
| >50% of global health expenditure | <1% of global health expenditure |

Source: WHO 2006

# Worst-Case Scenario: Sub-Saharan Africa

The Challenges of HIV/AIDS

- Mortality
- High Workforce Absenteeism
- Diversion of Potential Recruits

# Worst-Case Scenario: Sub-Saharan Africa

Maldistribution concentrates the problem

- Migration from rural to urban areas; in Malawi the vacancy rate for nurses in rural areas is 60%.
- Migration from public to private health care facilities: in South Africa half the country's nurses and 2/3 of its doctors work in the private sector. (source: MSF, 2007)

# Worst-Case Scenario: Sub-Saharan Africa

Push Factors

- Low salaries and benefits
- Health worker safety and well-being
- Physical infrastructure  and health systems management
- Pre-service training
- Research and graduate training opportunities

# Worst-Case Scenario: Sub-Saharan Africa

Pull Factors

- Shortage of health professionals in developed countries
- Recruitment  of health professionals from Africa
- Lack of reimbursement for training costs and health impacts

# What Is To Be Done?

Stop the Brain Drain

- Almost one of every five nurses and midwives trained in sub-Saharan Africa is now working in a developed country.
- A key retention measure is salary and benefits but other factors also matter.
- Other key factors include better working and living conditions, management, supervision and training, and measures to keep health care workers healthy.

# What Is To Be Done?

Increase the Production of Health Care Workers

- Increase the scale and quality of secondary schools to increase the pool of qualified trainees.
- Scale up recruitment in rural areas: studies have shown trainees from these areas are more likely to return.
- Increase numbers and quality of staff and facilities for training health care workers.

# What Is To Be Done?

## Task Shifting

- Is the re-allocation of tasks among available staff, which may include, among others, nurses, doctors, and lay health workers.
- Is not a panacea for the health care worker shortage, but may be an important component to scaling up treatment or ensuring services.
- May create opportunities to reward the skills and services of women doing home-based care, and of people living with HIV/AIDS in testing, counseling and ART adherence.
- Requires training, support (including provision of supplies and transport), and appropriate wages.

# What Is To Be Done?

## Improve Health Care Infrastructure and Work Conditions

- Inadequate facilities – poor structures, lack of electricity and running water, lack of equipment – need remediation so that health care workers can effectively do their work.
- Provision of infection control equipment – gloves, single-use syringes and sharps containers, and other supplies – are necessary to allow health care workers to operate in a safe environment.
- Donor countries should offer technical assistance and logistical support from procurement to proper use.
- Work sites should provide confidential, comprehensive testing and treatment to HIV- positive staff and their immediate families, and post-exposure prophylaxis to all health care workers exposed to HIV at work.

# Advocacy: The Key Element

Treatment Activism as a Model for Change

- In 2000 most international health experts and donors dismissed ART therapy as utopian and unsustainable.
- By 2006 in sub-Saharan Africa an estimated 810,000 people were receiving ARVs, and UNAIDS was projecting that donor nations would give $10 billion in 2007 for treatment, care and prevention.
- A critical element (perhaps the critical element) of change was the global AIDS activist movement that demanded access to affordable medications and bilateral and multilateral mechanisms to pay for them.

# Advocacy: The Key Element

## Donor Support for Salary Spending

- There is a debate underway that may create new possibilities for health worker salaries previously dismissed as unsustainable.
- This support requires two elements: willingness of donors to support human resource expenses including the recurrent costs of salaries, and removal of wage conditionality in countries with IMF agreements.
- The Malawi case: In 2004 Malawi approached the Global Fund to Fight AIDS, TB and Malaria and the UK Department for International Development for support to increase health worker salaries, provide incentives for rural posts and other measures to recruit and retain health care workers. The country also reached an agreement with the IMF allowing health care salary caps to be raised.

# Advocacy: The Key Element

## Leveraging Multilateral Giving to the Global Fund

- Since its beginning in 2002, the Global Fund has been a critical source of support for care and treatment.  Although it has begun to support costs related to health workers, in late 2007, its Board of Directors will formally decide its role in "health system strengthening".

# Advocacy: The Key Element

Reauthorization of PEPFAR in 2008

- Established in 2003 as a five year 15 billion dollar program, President Bush has requested that Congress reauthorize PEPFAR for another 5 years at 30 billion.
- As Congress holds hearings in the reauthorization, now is the time for analysts and activists to point out the necessity of supporting health care workers if PEPFAR is to be a successful program.

# Advocacy: The Key Element

The African Health Capacity Investment Act of 2007

- Would authorize $600 million over three years to train new health care professionals and give health care workers incentives to stay and work in African countries.
- Introduced in the Senate (S. 805) by Richard Durbin, currently has 27 cosponsors.
- Introduced in the House (H.R. 3812) by Barbara Lee, currently has 26 cosponsors.

# Our Role: Seize the Opportunity

Advocacy opportunities:

- Funding for, and policy change by, the Global Fund
- IMF policy change to lift wage ceilings
- Domestic policy to provide adequate domestic training and recruitment of nursing work force
- Advocacy for African Health Capacity Investment Act and funding for health care workers in PEPFAR reauthorization