

Report to Congress by the U.S. Global AIDS Coordinator on Health Care Worker Training



May 2008

The Administration provides this *Report* pursuant to Report 110-197 of the 2008 State, Foreign Operations, and Related Programs Appropriations Bill, 2008, H.R. 2764: “The Committee requests a report that outlines the plans for health care worker training in [Fiscal Year 2008] and how this training will impact overall health programs in 15 focus countries.”

Building the Health Workforce

Human resources are crucial for a functioning health system. Effective health systems depend on a trained and motivated health workforce that can carry out the tasks and build the systems needed to achieve the goals of the President's Emergency Plan for AIDS Relief (PEPFAR). It is widely acknowledged that the lack of trained health workers is a major barrier to scaling up HIV/AIDS services. Six of the 15 PEPFAR focus countries in Africa – Cote d'Ivoire, Ethiopia, Mozambique, Tanzania, Uganda, and Zambia – do not meet the World Health Organization (WHO) "Health for All" standard of one medical doctor per 5,000 population. Four others – Botswana, Namibia, Nigeria, and South Africa – just meet the standard. Ethiopia has one doctor for every 34,000 people in the country and one nurse for every 4,900. In Mozambique, 600 physicians serve a country of 18 million people. The lack of a sufficient workforce in these and other countries where PEPFAR is working presents a serious challenge not only to HIV/AIDS programs, but to every area of health.

PEPFAR alone cannot solve the workforce crisis, but it does contribute to the solution by making large capacity-building investments that have an impact beyond HIV/AIDS. PEPFAR country teams plan to support nearly 2.7 million training encounters for health care workers in FY 2008. The 15 PEPFAR focus countries estimated that they will invest \$309 million for training of these workers in FY 2008. PEPFAR country teams also work closely with Ministries of Health (MOH) to develop long-term human resources for health (HRH) assessments, training plans, strategies, and policies to guide their investments in strengthening and building the health care workforce.

PEPFAR focuses on areas of training that have the most direct effect on HIV/AIDS services: training of medical doctors, nurses, pharmacists, social workers and lab technicians; building and training new cadres of health care workers; and management and leadership development for clinical managers and administrators. This effort to support the work of national and local governments and non-governmental organizations (NGOs) to build a trained and effective workforce has provided the foundation for the rapid scale-up of prevention, treatment, and care that the PEPFAR countries have achieved – and also provides a solid platform on which other health programs can build.

Training for Results: Workforce Pyramid

Scale-up of health care systems to build a sustainable response to the health care worker shortage depends on an investment in training. Recognizing the importance of building a qualified and sustainable workforce, PEPFAR country teams in the 15 focus countries plan to support nearly 2.7 million training encounters in FY 2008 alone, more than the cumulative total in the preceding four years. Approximately 656,000 individuals are projected to be trained or retrained in the prevention of sexual transmission; 71,700 in the prevention of medical transmission; 82,500 in the provision of ART; 357,800 to care for orphans and vulnerable children (OVCs); 1,307,800 in the provision of counseling and testing; 35,200 in the prevention of mother-to-child transmission (PMTCT); and 161,400 to provide palliative and supportive care for people living with HIV/AIDS (PLWHA).

All of the PEPFAR focus country programs will continue to support focused training for the development of human capacity to deliver HIV/AIDS services. Each will continue to make significant investments in in-service training or retraining of health care workers in FY 2008. In-service training empowers existing health workers, provides opportunities for career development, improves the quality of care and provides opportunities for clinical mentoring. In-service training often addresses topics such as enhanced skills in care and treatment, as well as quality of care and monitoring and evaluation which have implications for improving the entire health care system.

In addition to support for in-service training, the U.S. Government supports pre-service training of all levels of health care workers from the most highly skilled medical doctors to community health workers. Recognizing the need to expand the pool of health workers in order to increase access to HIV/AIDS services, PEPFAR supports long-term pre-service training of medical and nursing students and students in other health professions; training of new cadres of health workers such as community health workers; and leadership training for managers and administrators.

Pre-service training expands the workforce by training new health care professionals and incorporates HIV/AIDS competencies into medical, nursing and other professional school training. Training for task shifting—

the reallocation of tasks from more specialized workers to less specialized workers—expands the health workforce and allows medical doctors, nurses and other health care professionals to concentrate their time and expertise on more complex tasks. Training of local leaders in health care management and administration has a spillover effect beyond HIV/AIDS. Investment in building health care management capacity provides workers with the leadership and management skills necessary to make the best use of health care resources and develop policy guidance that can result in improved health status for all.

Pre-service training: Pre-service training is generally defined as instruction which takes place before a person begins a job. Pre-service training is usually long term—from one to six years—and results in the training of new medical doctors, nurses, clinical officers, pharmacists, and other health care professionals. The expansion of care and treatment requires an expansion in the number of health professionals to provide these services. In FY 2008, the amount of PEPFAR funds each country program could use to support long term pre-service training was increased from \$1 million to \$3 million. Namibia, South Africa, Cote d’Ivoire, Uganda, Mozambique, Zambia, Tanzania, Ethiopia, and Vietnam are taking advantage of this enhanced opportunity to train new health professionals in FY 2008. PEPFAR country programs collectively reported that they are supporting the training of 151 medical students; 1,978 nursing students; and 6,846 pharmacists, social workers, lab technicians, clinical officers, and other health professionals.

Efforts are tailored to the unique circumstances of each country. In Namibia, for example, there are no schools of medicine or pharmacy. This year, with PEPFAR support, the country is training 90 medical students in educational institutions in other countries in Africa. In addition, 257 nurses, 142 pharmacists and other health professionals are being supported in training programs in Namibia and in South Africa. PEPFAR also supports Masters of Public Health (MPH) and certificate programs in health policy, management, nutrition, and monitoring and evaluation as well as advisors, instructors and lecturers, and curriculum development for the nursing programs in Windhoek and Oshakati. This investment in pre-service training will have a long-term effect on improving the health systems of the country as graduates of these programs are required to provide health services in Namibia for a period of time equal to the time they were in training.

PEPFAR supported training encounters include:

Cote d'Ivoire, with PEPFAR support, is training 50 medical students and 50 social work students and will be deploying them to provide needed HIV care and treatment services in the country.

In partnership with the National Institute for Communicable Diseases, the U.S. Government in South Africa has allocated \$1 million of PEPFAR funds to support the South African Field Epidemiology and Laboratory Training Program. This program was developed in response to the need for public health professionals to receive training in integrated public health practice.

PEPFAR Uganda is supporting training for 86 laboratory technicians and is working with the military to train medical, nursing, pharmacy, and social work students.

In response to the acute shortage of health care workers, PEPFAR Mozambique is currently supporting pre-service training of 10 medical students and 155 general and maternal and child health nursing students.

With PEPFAR support, 30 MPH and medical students at the University of Zambia will benefit from long-term training programs that will increase their epidemiological and research skills and create a larger, more qualified cadre of health professionals working in Zambia.

PEPFAR is working in Tanzania to build sustainable pre-service training for medical and public health students at Muhimbili University of Allied Health Sciences and five medical institutions in the country. The country is currently supporting 23 health professionals in long-term training.

The Government of Ethiopia, in collaboration with the Carter Center and PEPFAR, is supporting the training of 1,557 nursing students enrolled in long-term training and 6,000 medical laboratory technology, environmental health and health officer students. PEPFAR's investment in training support for these students is \$700,000.

Until recently, there was no academic training in health informatics available in Vietnam. With PEPFAR support, the Hanoi School of Public Health has developed a Masters Degree program in this area and the U.S.

Government is currently supporting students in the program. Graduates of this program will have a lasting influence on the overall ability of the government to gather information to improve access to all health services.

In all PEPFAR focus countries, there has been increased emphasis on and support for expanding HIV curricula in pre-service training programs. These efforts reflect the increase in resources dedicated to the training of new medical doctors, nurses, social workers, laboratory technicians, and pharmacists in HIV/AIDS.

Training for task-shifting: Training support for long-term pre-service training of new doctors and nurses expands the clinical workforce, but it is expensive and generally takes several years to produce skilled health professionals. Support for this type of training is an important part of a comprehensive strategy, but it must be supplemented by efforts to rapidly train workers with lower skill levels. In a December 2007 article in the *New England Journal of Medicine*, experts from the World Health Organization (WHO) and PEPFAR argued that the policy change to allow task-shifting from more specialized to less specialized health workers is the one strategy that will have the most immediate effect on increasing the pool of health workers in resource-limited settings. PEPFAR supported the WHO's efforts to document task-shifting practice, policies and certification in six countries in Africa and in Haiti. The first-ever normative guidelines for task-shifting were developed by WHO with PEPFAR support and released in January 2008.

The PEPFAR focus countries of Botswana, Ethiopia, Haiti, Namibia, Nigeria, Mozambique, Rwanda, Tanzania, Uganda, Vietnam, and Zambia all train and support health workers to do some type of task-shifting. In Botswana, nurses have been trained to dispense and prescribe antiretroviral (ARV) medications. Ethiopia has created several new cadres of health workers: health officers, health extension workers and community outreach workers. Nurses with advanced training provide antiretroviral treatment (ART). All are an integral part of the health care system in Ethiopia. Task shifting activities in Nigeria include the training of non-physicians to provide ART and PMTCT in the home. In Vietnam, a country where intravenous drug use is the primary mode of HIV transmission, new cadres of health workers—addiction specialists and case managers—have been trained to counsel and support current and former injecting drug users

(IDUs) and to work in their communities to address this public health challenge.

Leadership training: MOHs throughout the PEPFAR countries are recognizing the importance of building their capacity in human resources management, program and public health management, and policy and program development. Effective health programs require trained leaders, administrators, and managers. PEPFAR is supporting leadership development in Tanzania through a training program in management and leadership development that targets health officials in a variety of health care settings. Kenya's PEPFAR program supports an HIV Fellowship Program that provides advanced management training for HIV/AIDS program managers. In FY 2008, 12 fellows will be placed in local health care settings for two years, where they will be mentored in management, health economics, and monitoring and evaluation. In Botswana, PEPFAR is supporting the MOH to strengthen the leadership and management skills of middle managers in public and non-governmental settings through applied quality improvement training. PEPFAR's investment in the training of local leaders will have a direct impact on building health management capacity of the entire local health care system as managers develop human resources strategic plans, develop HRH policies and guide the development of HRH information databases that will have an impact beyond HIV/AIDS.

Salary Support for Health Care Workers

In addition to support for training new health professionals and managers and task-shifting, PEPFAR supports the salaries for an increasing number of health care workers necessary to provide HIV/AIDS services. In the FY 2008 Country Operating Plans, PEPFAR country teams were asked to estimate the number of health care workers whose salaries are supported by PEPFAR funds. The 15 focus countries reported support for nearly 105,000 workers—an illustration of PEPFAR's continuing commitment to support for the health workforce. PEPFAR works to ensure that these positions are sustainable for the long term. In, Kenya, for example, where PEPFAR supports the Government's hiring plan to train and deploy retired physicians, nurses and other health care workers, the MOH has agreed to incrementally absorb these workers into the public health system. This agreement will provide for long-term sustainability while at the same time allowing for rapid hiring and deployment. Under this agreement, 830 health care workers were deployed in 2007. In Uganda, PEPFAR supports the

salaries of nearly all the several thousand staff in The AIDS Support Organization, an AIDS service organization and one of the largest NGOs in the country.

Challenges and Future Directions

PEPFAR recognizes that adequate numbers of well trained and supported health workers provide the foundation for high-quality, sustainable health care. PEPFAR has brought unprecedented focus to building the human resources capacity of host governments and community- and faith-based organizations to plan, implement, and manage health care programs to ensure sustainability. However, challenges remain, notably the ability of PEPFAR countries to retain well-trained health care workers and the ongoing need to assess and improve the quality of the training these workers receive and the care they provide.

Retention: One of the challenges to building sustainable health care programs and to providing quality HIV/AIDS treatment and care is the retention of skilled health professionals such as physicians, nurses, pharmacists, and laboratory personnel. Each year in the developing world, substantial numbers of health professionals leave the health care workforce either temporarily or permanently or migrate out of their home countries to work elsewhere. PEPFAR, in collaboration with the MOH and other international partners, is supporting a physician retention scheme in Zambia. To prevent “brain drain” in Namibia, the MOH, with PEPFAR support, provides an enhanced package of benefits for health professionals. In April 2008, the government of Botswana approved a 40 percent salary increase as a retention incentive for medical doctors working in the public sector.

Training community health workers also helps to address the issue of “brain drain.” There is no national or international certification process for these workers; as a result, community health workers are less likely to migrate out of their home countries or communities. Supporting their commitment to their communities fosters a stable health workforce. Continued support and training, however, are critical to retaining these workers to provide quality care in their communities. In FY 2008, PEPFAR will continue to work with the WHO to assist countries to implement quality training consistent with the WHO task-shifting guidelines.

Quality: Most PEPFAR countries have developed human resource assessments, strategies, policies and/or plans to guide investments in training health workers. PEPFAR supports them in documenting and removing barriers to implementing these plans. Virtually all of the PEPFAR countries need to develop comprehensive training plans for prevention, treatment, and care that are coordinated across all implementing partners and with the ministries of health. Without reliable and accurate training plans and the information systems to monitor them, it becomes difficult—if not impossible—to monitor the quality of the training and the care provided by all levels of health care workers. This becomes even more critical as tasks are shifted from doctors and nurses to community health workers who must be appropriately trained for the work they are doing. In addition to their initial training, these health workers need proper equipment and supervision, access to well-functioning referral systems, and opportunities for re-training on a regular basis. Haiti has placed a high emphasis on ensuring quality of care and training through its use of a collaborative approach and the strengthening of the MOH's training capacity by establishing functional systems for accreditation of training and quality assessment. In FY 2008, PEPFAR will continue to work with host countries and implementing partners to develop appropriate frameworks for ensuring the quality of education and service and to implement effective performance assessments, quality improvement, and performance monitoring strategies.

Conclusion

Coordination with host governments and other development partners, as well as commitment from all parties, is critical to the long-term sustainability of the overall health programs in the PEPFAR countries. PEPFAR has been working with bilateral, multilateral, and private foundation partners to leverage resources to significantly expand the pool of trained health workers to respond to the health workforce challenge. In FY 2007, PEPFAR, in collaboration with the Global Health Workforce Alliance and the UK's Department for International Development (DfID), hosted a meeting of major partners supporting HRH activities in Africa. Participants included bilateral partners (the U.S., the UK, Norway, and Sweden); foundations (including the Gates, Clinton, and Doris Duke Foundations); and multi-lateral partners (WHO and UNAIDS). The meeting grew out of recognition of the need for a coordinated response to the global health workforce crisis. With the goal of making better use of the HRH resources already available, four countries—Ethiopia, Kenya, Mozambique, and

Zambia—were identified as pilot countries where the MOH and the collaborating partner organizations could conduct a review of existing support and activities. Strategies to effectively coordinate the international partner response with the country-identified HRH gaps and needs are being developed and will be implemented over the next year. Meetings of the four pilot countries and development partners were held in Ethiopia and Uganda early in 2008. Documentation and strategy development began in Mozambique in April 2008.

The innovative approaches to training of new health care workers described in this report require commitment and leadership on the part of political, academic, and social leaders in host countries. Advocacy for HRH policies that allow for workforce expansion and workforce planning to appropriately utilize and support new cadres of health workers are critical, as is the development of workforce management strategies that include innovative approaches to support and retain trained health care professionals.

While recognizing that primary responsibility—and capacity—for addressing the health worker crisis and improving health programs ultimately lies with the countries, PEPFAR will continue to work with the ministries and other international partners to share lessons learned, supply policy and technical guidance, and provide technical assistance to respond to the training and human resource challenges faced by host governments in the PEPFAR countries.