

Features

Where are the Human Resources to Rollout ART?

By Godfrey Musuka

The print and electronic media bombards us daily with news on how southern African countries intend to implement antiretroviral treatment (ART) programmes. This is truly a long overdue development, which must start soon without destabilising the fragile health systems in the region.

this rollout. Zimbabwe has lost a substantial number of its skilled health professionals to the United Kingdom, Canada, Australia and New Zealand.

A study in Malawi by Kemp, J et al. in 2003 showed acute shortages of staff in that country's health system. It

could prioritise human resource development and equitable deployment in preparation for ART rollout.

Other key human resource recommendations included:

1. The need to use effective and sustainable in-service and institutional training approaches.

2. Plans for treatment access should not involve deliberate policies of recruitment of staff from other African countries or diversion of scarce personnel from broader health systems into vertical programmes.
3. Any proposed new investment in HIV and AIDS or treatment expansion should include resources and measures for the training, sustaining and retaining of relevant health personnel and for their safe work environments and infection control.

The impact of HIV and AIDS has brought into sharp focus the profoundly disturbing consequences of poorly functioning health systems in southern Africa. The absolute scarcity, accompanied by maldistribution of health personnel, is increasingly recognised as a fundamental obstacle to strengthening health systems.

For ART rollout to be effectively implemented, its donors, governments and health providers in southern Africa should ensure that adequately trained staff are available and retained within district levels of health services. Another urgent issue to be addressed is infrastructure. Donor funds should be mobilised to put in place the infrastructure to facilitate this rollout. All these call for strong co-ordination between those planning health systems, those planning ART rollout and health personnel themselves. ■

Godfrey Musuka is project officer with the Southern African Regional Network on Equity in Health, based in Harare.

“MOZAMBIQUE IS UNABLE TO LAUNCH A NATIONWIDE DISTRIBUTION OF FREE LIFE-PROLONGING ANTI-RETROVIRAL DRUGS BECAUSE OF SERIOUS SHORTAGES OF STAFF AND EQUIPMENT.”

The issue of human resources that are critical to ensuring an equitable and self-sustaining ART roll-out has so far been neglected. The situation is compounded by an exodus of healthcare workers from impoverished and socio-economically underdeveloped areas to more highly developed areas. International migration has intensified, hence exacerbating inequities in the provision of health services between public and private sectors. This has substantially reduced the ability of the public health sector to rollout ART.

For example, a key element of the South African government ART rollout campaign is the recruitment of thousands of additional health professionals and the mounting of an enormous training programme that equips nurses, doctors, laboratory technicians, counsellors and other health workers with the knowledge and skills to ensure safe, ethical and effective use of medicines.

In 1999, Zimbabwe declared HIV and AIDS a national disaster and launched a National Aids Trust Fund financed by a 3% levy on income tax. President Robert Mugabe's government plans to extend free ARVs to some 171 000 by the end of 2005. However, this ambition is not matched with efforts to recruit or retain health professionals to conduct

reports nursing to patient ratios ranging from 1:50 - 1:120, with the majority of staff being lowly skilled cadres who require close supervision by doctors and nursing staff.

Francisco Songane, the Mozambican Minister of Health was recently quoted (in 2003) as saying: *“Mozambique is unable to launch a nationwide distribution of free life-prolonging anti-retroviral drugs because of serious shortages of staff and equipment.”* The minister added that about 1.5 million of Mozambique's 18 million people are estimated to be living with the HIV and AIDS, with about 120 000 of these requiring ARVs urgently. Unfortunately, the ARVs will arrive after many have succumbed to AIDS.

A workshop on strengthening health systems for treatment access and equitable responses to HIV and AIDS in Southern Africa, held in Harare early this year, and organised by the Southern African Regional Network on Equity in Health (EQUINET) and OXFAM, discussed issues of securing treatment access through sustainable public health systems. It strongly called for instituting mechanisms to ensure universal treatment access through sustainable public health systems. It also came up with recommendations on how governments in the region