Help wanted!
Confronting the health care worker crisis to expand access to HIV/AIDS treatment
MSF experience in southern Africa

Although the number of people receiving AIDS treatment in sub-Saharan Africa has increased from 100,000 to 1.3 millions, about 70% of those estimated to need treatment in sub-Saharan Africa are not getting it. A report by Médecins sans Frontières (MSF) released on 24 May details how the greatest barrier to expanding treatment is now the scarcity of healthcare workers. The report is based on MSF's experience in 4 countries in southern Africa: Malawi, Lesotho, South Africa and Mozambique

Background

- In 2007, 8,000 people are still dying of Aids every single day.
- In the four countries highlighted in MSF's report, more than 1 millions people need AIDS treatment and are not getting it.

Table: ART coverage and need

Country	Number of people in need of ART	Number who have access today	Treatment deficit
Lesotho	58,000	17,700	**40,300**
Malawi	169,000	59,900	**109,100**
Mozambique	237,000	44,100	**192,900**
South Africa	983,000	265,000	**718,000**

- Aids drugs prices have gone down and funding for HIV/AIDS has increase from $US 2 billion to about $US 8.3 billion since 2001.
- World Health Organisation has ambition plans: Universal access to AIDS treatment by 2010
- But very little support is being provided for increasing human resources for health

The health workers crisis

- The main barrier to expanding antitetroviral therapy today is the shortage of health staff to care for an increasing number of patients
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- According to WHO, sub-Saharan Africa accounts for 25% of the global disease burden, but only 3% of the health workforce (see table).
- A scarce workforce is facing an ever-growing challenge: HIV/AIDS pandemic. They are overwhelmed, exhausted and overworked.
- Health staff are dying, getting sick or leaving the health system to go abroad or join better-paying jobs in the private sector.

Table: Healthcare workers relative to population and need

	Doctors per 100,000	Nurses per 100,000	Health providers per 100,000
WHO minimum standard	**20**	**100**	**228**
Lesotho	5	62.6	68
Malawi	2	56.4	58
Mozambique	2.6	20	34
South Africa	74.3	393	468
US	247	901	1,147
UK	222	1,169	1,552

Countries

1. Lesotho

- Third highest HIV prevalence in the world at 23.2% among adults aged 15-49 years.
- There are approximately 23,000 deaths annually due to HIV/AIDS.
- Only 40% of the people in clinical need of antiretroviral treatment are getting it
- There are just 89 doctors in the whole country, and 80% of these are foreigners.
- There are only 1,123 nurses for a population of nearly two million.
- Only six of 171 health centers in the country have the minimum staffing required.
- In Scott Hospital Health Service Area, where MSF works, over half of nursing posts at health centers are vacant while the HIV-associated workload is increasing sharply.
- In the same area, there are only four doctors for a population of 220,000

MSF Lesotho Survey

- Out of 65 nurses in Lesotho who responded to the MSF survey, 47 (73%) said they were considering leaving their posts
- 80% of these said the main factor was the need for more money; lack of adequate staff and rising workload are also cited as major reasons to consider leaving.
- Of those who said they were considering leaving to earn more money, 20 (43%) have five or more people dependent on their monthly income.

2. South Africa

- In 2005 there were an estimated 5.5 million people living with HIV/AIDS
- 18.8% of people aged 15-49 years were infected with the virus.
- As of the end of October 2006, 265,000 were on treatment out of an estimated 983,000 in need.
- Between 32000 and 2005, the number of professional nurses has dropped from 120 to 109 per 100,000.
- In Lusikisiki, South Africa, utilization of clinic services almost doubled in two years while the number of professional nurses remained constant.
- South Africa's new National Strategic Plan (NSP) on HIV/AIDS for 2007-2011 aims to offer care and treatment to 80% of all people with HIV.
- The plan also predicts that by 2011 most people in need of ART will receive their treatment from nurses in clinics rather than doctors in hospitals.
- Unequal distribution between the private and public sectors and between urban and rural areas will make scale-up difficult.

3. Mozambique

- 1.8 million people live with HIV/AIDS in Mozambique; adult HIV prevalence is 16.1%.
- By the end of 2006, 44,100 people had access to ART out of the estimated 237,000 in need.
- The national objective for 2007 is to provide a total of 95,000 people with ART
- A near seven-fold increase in the number of doctors and nurses is needed to reach the level recommended by WHO.
- About half of the total of 608 medical doctors active in Mozambique work in the capital city Maputo, leaving the health structures in rural areas void of medical doctors.
- The main cause of health worker attrition is death, mostly attributable to HIV/AIDS, with official figures indicating about 200 deaths annually.
- Under-staffed facilities are overwhelmed, putting much strain on current staff and on patients in long waiting queues. Poor staff salaries lead to lack of motivation, short working hours, and frequent absences.

- In Mavalane district, where MSF works, patients are forced to wait for up to two months to start AIDS treatment because of the lack of doctors and nurse clinicians; many have died during the wait.

4. Malawi

- Malawi has only 10% of the medical doctors and only 40% of the nurses recommended by WHO.
- About half of the total of 165 medical doctors working in Malawi are in central hospitals, leaving severe shortages in rural areas
- The vacancy rate for nurses in rural areas is 60%.
- In Thyolo district, where MSF works, a single medical assistant can see up to 200 patients per day

MSF and the HR crisis

- In response to the crisis, MSF hires additional staff, raise salaries, facilitates task shifting and creates new capacity by training lay workers.
- It is clear that lay/community workers have become the backbone of most programmes profiled in this report and scale up could not be achieved without them.

Patients without providers: emergency response needed

- National governments and donors are extremely reluctant to put money into short-term measures that might address the human resource crisis, like salary increases.
- It is inconsistent to provide funds for life-long ART but refuse support for health care worker salaries on grounds that the latter is unsustainable

People will continue to die needlessly unless:

- Emergency retention measures are developed at the national level to break the cycle of high attrition
- Salaries and working conditions are improved, and this will require international donor support.
- Scope of practice and other work rules set by professional councils and national governments need to be more flexible so that people are not dying from bureaucracy: nurse must be allowed to prescribe ARV drugs and members of the community should be empowered and recognised as key in prevention, counselling, treatment follow-up, etc.
- Donor rules must be changed and funds must be mobilized to allow support for recurrent human resource costs, in particular salaries.

The lack of health staff is a deadly impediment to expanding and sustaining antiretroviral treatment and must be confronted as an emergency for the millions of people with HIV/AIDS still waiting for treatment.