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10-1-2009

Global HIV / AIDS Initiatives and Human Resources for Health in Zambia

Global HIV/AIDS Initiatives Network
Royal College of Surgeons in Ireland

Citation
Global HIV/AIDS Initiatives Network. Initiatives and Human Resources for Health in Zambia. Policy Brief, October 2009

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POLICY BRIEF
OCTOBER 2009

GLOBAL HIV/AIDS
INITIATIVES NETWORK

GLOBAL HIV/AIDS INITIATIVES AND HUMAN RESOURCES FOR HEALTH IN ZAMBIA

Efforts to scale-up access to HIV/AIDS services in Zambia have increased enormously as a result of funding from several Global Health Initiatives (GHIs). Between 2004 and 2007 there was a rapid increase in ART coverage, Prevention of Mother to Child Transmission (PMTCT), and Voluntary Counselling and Testing (VCT) services. However, a worsening shortage of health workers and the increases in HIV/AIDS clients, superimposed on routine workload, threatens future sustainability of the programme.

This policy brief shows how the rapid scale-up of HIV/AIDS services has affected human resources for health in Zambia. It focuses on health worker numbers and trends, workloads, retention and training. It is based on research conducted in three districts in Zambia: Lusaka and Kabwe (urban districts) and Mumbwa (rural district). The overall study explored the effects of three GHIs on the Zambian health system: the Global Fund to fight AIDS, TB and Malaria, the World Bank's Multi-country AIDS Program (MAP) and the United States President's Emergency Plan for AIDS Relief (PEPFAR).

Critical shortage of health workers to deliver HIV/AIDS services

The increase in HIV/AIDS service provision in Zambia has imposed tremendous pressure on health workers because there have been no corresponding increases in clinical staff. Evidence from 27 surveyed facilities shows that between 2004 and 2007 the number of doctors remained the same, the numbers of nurses and medical assistants fell and there was only a moderate increase in HIV counsellors, lab technicians and pharmacists. Clinical health worker densities - the ratios of clinical staff to population size – also deteriorated. Staff shortages were most acute in rural areas with clinical staff numbers falling in rural Mumbwa.

Health worker shortages are due to several factors including insufficient capacity and number of academic institutions to train new graduates and the inability of the Ministry of Health to recruit and retain staff in the surveyed facilities. Despite the high levels of GHI funding for HIV/AIDS, there was no evidence that it was leading to training of new health workers.

Despite the apparent stagnation in clinical staff numbers, there was rise in the number of staff providing HIV/AIDS services. The research suggests that staff performed multiple duties, i.e. were responsible for delivering several types of HIV/AIDS and non-HIV/AIDS services (ART, VCT, PMTCT) though less so in Lusaka where some HIV service specialisation occurred.

Numbers of health workers providing HIV services, 2004-2007

	Lusaka (n=16 facilities)				Kabwe (n = 10 facilities)				Mumbwa (n = 13 facilities)				Total (n= 39 facilities)			
	'04	'05	'06	'07	'04	'05	'06	'07	'04	05	'06	'07	'04	'05	'06	'07
HIV counselling	53	68	67	61	31	51	92	96	11	17	23	27	95	136	182	184
Lab test for HIV	9	16	16	18	2	2	2	2	1	2	2	3	12	20	20	23
Lab test for HIV and non-HIV	13	13	14	15	12	13	16	14	12	18	22	26	37	44	52	55
Total VCT	75	97	97	94	45	66	110	112	24	37	47	56	144	200	254	262
ART alone	29	32	37	39	0	0	0	6	0	0	0	1	29	32	37	46
Total ART	101	113	121	127	56	65	72	112	12	12	13	17	169	190	206	256
PMTCT alone	9	14	14	18	0	4	4	4	0	0	0	0	9	18	18	22
Total PMTCT	64	67	64	81	36	40	49	57	6	7	9	10	106	114	122	148

Increased staff workloads and strain

Research estimated that between 2004 and 2007 routine workloads for staff providing HIV/AIDS services at outpatient departments (OPD) increased by almost one third across 22 facilities. Increased workloads were caused by a rise in demand for HIV/AIDS services. The largest increase (94%) was in Lusaka followed by 45% in Mumbwa. Despite these changes, in 2007 Mumbwa continued to have the most OPD visits per clinical staff - three times the ratio in Lusaka. In Kabwe, although workloads were reduced by 29%, staff shortages remained: according to an informant, one nurse alone was responsible for caring for 60 patients in one ward.

Funding from GHIs has led to large increases in the number of volunteers providing services. While this has eased some of the burden of work, it has mainly been in the area of HIV counselling. The shortage of clinical staff is a critical barrier to further scale up of services, particularly in rural areas.

Migration of government health workers to NGOs

Kabwe and Lusaka, key informants reported that staff shortages at government health facilities had been exacerbated by NGOs that attract workers away from public services to GHI funded projects. PEPFAR funded NGOs in particular were criticised for attracting government health workers by way of higher salaries.

The Zambia Health Worker Retention Scheme, which aims to retain health workers in rural areas with incentives, has had limited success in curbing the flow of workers to urban areas due to lack of accommodation in rural areas and relatively poor working conditions.

Training and incentives for providing services

Whilst GHIs did not fund training of new health workers, they did support training for existing staff. In a questionnaire survey completed by 234 doctors, nurses, clinical officers, laboratory and pharmacy staff, 72% said they had received training in HIV/AIDS services in the past year. The most common areas for training were in HIV testing (46%), ART (40%) and HIV counselling (36%). More health workers received training in HIV than in non-HIV services such as malaria and maternal health, although training in child health was not far behind HIV.

GHIs gave incentives to staff providing HIV/AIDS services to increase their motivation. These were mainly in the form of financial allowances. Whilst most incentives were given for delivering HIV/AIDS services, they were also provided for non-HIV services (malaria, family planning), although to a lesser extent.

Health workers were asked a series of questions about their levels of job satisfaction, with response rates ranging from 'not satisfied' to 'satisfied'. The proportion of respondents stating they were 'not satisfied' with the following aspects ranged from 70 to 80%: amount of work, amount of pay, financial and non-financial incentives, and working conditions. There were no significant differences across districts, or rural-urban differences.

Recommendations

- Support should be given to facilities/districts to accurately record health worker numbers, inflow and outflow; and to monitor health worker density and workload.
- The human resource information system needs to be updated on a regular basis and used to inform implementation of the Human Resources for Health Strategic Plan.
- All three GHIs should provide long term investments towards the training of new health workers, in line with the government Human Resources for Health Strategic Plan and the National Training Plan.
- The operational effectiveness of the Zambia Health Worker Retention Scheme should be reviewed and where necessary be revised and should be actively supported by GHIs and other donors.

About the research

This policy brief is based on research conducted from 2007-2009 by the Frontiers Development and Research Group, Zambia, supported by researchers from the Royal College of Surgeons in Ireland (RCSI). Funding for field work was from the Open Society Institute. The study is part of the Global HIV/AIDS Initiatives Network (GHIN), a network of researchers in 22 countries that has been exploring the effects of three global HIV/AIDS initiatives on country health systems: the Global Fund, PEPFAR and the World Bank. Coordination of the Network is carried out by RCSI and the London School of Hygiene and Tropical Medicine (LSHTM). The GHIN Network is funded by Irish Aid and Danida.

Qualitative and quantitative research methods were used to collect baseline data in early 2007 and follow-up data in mid 2008; including document review, facility surveys and in-depth interviews with national and sub-national stakeholders. Structured interviews with facility managers and providers of health services were also administered. The research took place in two urban districts – Lusaka and Kabwe – and one rural district, Mumbwa.

More detailed policy briefs on the following themes from the study can be found at www.ghinet.org

- HIV/AIDS funding and scale-up of services in Zambia
- Global HIV/AIDS initiatives and coordination, reporting and evaluation of HIV/AIDS programmes

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