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OPINION

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THE HUMAN RESOURCES CRISIS IN SOUTHERN COUNTRIES, A MAJOR OBSTACLE TO THE FIGHT AGAINST HIV

The fight against HIV in the most-affected developing countries has largely benefited from improved access to treatment. However, that progress is far from sufficient. The human resources needed to provide access to healthcare are lacking in number and the shortage continues to deepen. Faced with this challenge, a response is urgently needed, one in which the French authorities must take part, both through their cooperation efforts and their role in international organizations, all the while taking into account the diversity of the various situations and the need to adapt to each of them.

1 THE ISSUE OF HUMAN RESOURCES IN THE DEVELOPING COUNTRIES

The human resources crisis in the health sector is reflected, generally speaking, in the major lack of healthcare workers in developing countries. The AIDS epidemic has only worsened the situation, causing the death of many of the said workers. In addition to the aforementioned dearth, the existing health workforce is poorly spread across the region. Lastly, medical knowledge is not well-suited to the local situations, due to a lack of resources and training.

1.1 THE WANING COMMITMENT OF HEALTH WORKERS IN THE PUBLIC SECTOR

The waning commitment of health workers in the public sector is reflected as a high degree of absenteeism. Many workers supplement notoriously insufficient income using a variety of resources (private practice, participation in paid training programmes, resale of medication), hence the gradual extinction of actual full-time service in the public sector. Moreover, the poor working conditions, lack of safety measures and prophylaxis in the event of accidental blood exposure during care lead many workers to leave the profession.

1.2 THE "MIGRATORY CAROUSEL"

The migration of healthcare workers accentuates the issue of human resources currently faced by healthcare systems in the South. The inability to supplement their income and the lack of local services are just two of the factors discouraging the presence of many healthcare professionals in rural areas or in the poorest countries. The said geographic migration is heightened as international organisations hire the local workers present in the country. Migration also occurs at the international level, with Western countries attracting aspiring expatriates, some of whom have followed training programmes designed on those of the destination country in order to facilitate recognition of skills.

This trend of personnel transfer from the South to the North lays a heavy financial and personal burden on developing countries.

2 DIFFERENT RESPONSE STRATEGIES TO INCREASE HUMAN RESOURCES IN HEALTHCARE

Through its cooperation departments and the international agencies to which it belongs, France can set forth new action methods.

2.1 FINANCIAL AND TECHNICAL AID FROM FRANCE AND THE INTERNATIONAL DONOR COMMUNITY

This aid needs to be based on an accurate assessment of the situation. For this reason, it appears absolutely necessary to invest in social science research.

Continuing training needs to be rewarded by a degree and include a component on the quality of patient care. With this in mind, France could consider entrusting *coopérants* with positions as instructors or even care providers, and to complete their training using distance learning tools. It might be appropriate to establish an educational fund jointly financed by the local authorities and international aid, to support the aforementioned training programmes.

One of the main levers for bringing care supply back on par with demand is more attractive compensation, based on bonus payments. In order to remedy the inconsistency that sometimes exists between the various international donors, income aid must be coordinated and supported by a more effective control mechanism. Moreover, hiring policies in the developed countries need to be redefined and come along with a specially-established international fund in charge of managing the financial compensation paid to developing countries for the health workforce they provide to wealthy countries.

France could also encourage companies to reflect on public-private partnerships that would help reinforce the public sector, rather than absorbing public-sector workers without compensation.

2.2 THE NEED FOR STRUCTURAL REFORM IN THE SOUTH'S EXISTING PRACTICES

However, whatever the measures initiated by France and international cooperation, the States of the South need to embark on structural reform if this problems is to be solved.

Improved working conditions for healthcare personnel is essential if their flight from the healthcare sector is to be reversed. An education system accessible to all, must be a priority for local governments, so that a trained workforce is available. In higher education, the lack of medical schools and workers in certain countries can be offset by South-South exchanges.

Some countries use "substitute" health workers, who are asked to perform duties that normally do not befall them: people to whom only certain tasks are entrusted, on which they report to doctors and who, sometimes, fully substitute for another worker, thanks to supplementary training. However, the said substitution relies on existing labour, and does not contribute to expanding the workforce needed to respond to all needs. For this reason, the use of community workers or traditional therapists trained and supervised to perform simple tasks is to be developed.

The role of the community should not stop there. In particular, there is a need to encourage programmes that help it finance some of its services on its own, so that there is increased use of services, at a lower cost. Likewise, families and patient associations work to prevent disease and are involved, above all, in psychological and social assistance, from which public health structures are absent. There also exist many professional associations with medical experience.

In summary, the strategies are manifold, whether in terms of the aid that the North can provide, or the solutions and innovative responses that the South can offer. It is only through the determination expressed on both sides and effective coordination between the two that the synergies necessary for concrete outcomes will emerge.

3 RECOMMENDATIONS

Conseil national du Sida considers that the lack of skilled human resources in the field of care for AIDS patients severely jeopardises any attempts to effectively fight the HIV epidemic in developing countries, where it is decimating the population, in particular on the African continent, and is thus a major obstacle to attaining the Millennium Development Goals. Consequently, it recommends:

3.1 MOBILISATION ON THE PART OF FRENCH AUTHORITIES, AT THE NATIONAL AND INTERNATIONAL LEVELS, TO FURTHER BUILD UP HUMAN RESOURCES

France's institutions and government, just as they played a very active part in the international mobilisation around access to antiretroviral medication, must now mobilise around building up human resources to care for people living with HIV/AIDS. This new line of action needs to be developed in national authorities on scientific and technological cooperation and in the international forums in which France participates, and where it must advocate the cause, by lending its support to such aspects as the developing countries' demands regarding the creation of an international fund to manage financial compensation payments to countries providing health labour to other countries.

3.2 AN INCREASE IN HUMAN RESOURCES AS REQUIRED BY EACH NATIONAL ENVIRONMENT

Taking into account the workforce shortage, which affects more specifically the rural areas and, to a lesser extent, poor urban outskirts, every effort must be made to increase the skilled human resources in each relevant country, ensure that they are spread across the national territory as best possible, and reduce the flux of emigration toward wealthier countries. Support for medical and nursing schools needs to be boosted in order to develop the workforce in the countries where it is most lacking. One- to two-year training programmes in underprivileged areas for individuals having earned a diploma in medicine or nursing, must come along with support measures and supervision systems, so as to ensure that the programmes are effective and that the services provided are of high quality. The implementation of incentives to remaining in the said areas must be encouraged, including in terms of pay bonuses and career development, through planning and human resources management across all national territories. All of the above measures fall within the relevant States' sovereign powers, but will be all the easier to undertake for them if aid is provided by cooperation programmes. Nonetheless, with regard to the measures whose effects will be felt in the medium term, and taking into account how urgent some issues are, it is important that, depending on the level of need, "substitution" expatriate workers, from Northern or Southern countries, be called upon to complete the effort, in the fields of training and patient care. This strategy needs to be considered as a temporary solution, with skills transfer being the ultimate goal.

3.3 IMPROVED WORKING CONDITIONS FOR HEALTHCARE PROFESSIONALS

The disaffection for healthcare professions, refusal to settle in the most deprived regions and the decision to emigrate toward wealthier countries are all rooted in the same cause: dissuasive working conditions, due to a lack of resources, coordination, compensation for services rendered, unclear career development paths and, at the most basic level, erratic pay schedules. Development institutions and donor countries need to make improving working conditions for health workers one of their priorities; in many cases, this will entail setting up structural adjustment programmes for the field of healthcare, including both resources to protect oneself from contamination, along with means for healthcare. Incentives to set up practice in the least wealthy areas need to be supported by cooperation agencies. Cooperation programmes in the field of health need to include discussions with national partners on the conditions under which professionals work.

3.4 SPECIALLY-ADAPTED TRAINING FOR WORKERS DEALING WITH AIDS

Care for AIDS patients and, in particular, giving prescriptions and monitoring treatment (specifically that of antiretrovirals), requires special skills that justify integrating the related coursework into initial and continuing training. Such coursework needs to be subject to evaluation and give rise to a diploma. Regular updates and a supervision scheme must be present to ensure that the instruction is consistent and of high quality. Electronic access to well-suited therapeutic paths and simple monitoring protocols needs to be developed, along with the possibility of setting up forums for sharing experiences. Alongside this purely technical skills-related dimension, it is essential to build up professionals' interpersonal skills, in particular as regards patient dignity, listening and responding to their problems, maintaining professional secrecy, and end-of-life companionship. In this respect, the specially-designed training programmes possibly based on case studies needs to be provided. Cooperation programmes, particular those at the university level need to resolutely incorporate AIDS care into their priorities. Incentive measures might be set up to encourage twinning initiatives including such programmes between medical schools or nursing schools.

3.5 DELEGATION OF CERTAIN MEDICAL TASKS TO PARAMEDICAL WORKERS

Considering the lack of doctors, certain tasks need to be delegated to properly-trained paramedical workers. According to each national professional demographic and each regulatory system, the said delegation, which already exists in many places and deals with clearly-identified skills, such as looking for side effects in medication, must be decided upon, organised, supervised and evaluated. Moreover, in certain countries, volunteer workers have been trained to provide healthcare in the home, most often using very limited means. Taking into account how close the contact can become between those volunteer workers and the most severely impacted patients it is important to support their training and action, including through pay schemes. Cooperation programmes could be launched to study the feasibility of the various task delegation experiments, with a view toward extending them into the future.

3.6 INVOLVEMENT OF LOCAL PLAYERS IN MOBILISATION AROUND AIDS AND PATIENTS

Civil society has showed its ability to champion causes, condemn issues and put forth solutions. The role of some non-governmental organisations and community based organizations, in particular, has been essential. Partnerships with those players, through national and international cooperation programmes, need to be facilitated. However, at a more local level, neighbourhood associations and various forms of community organisation have come to play a growing part in revitalising and regulating healthcare systems.

Cooperation actions must ensure that ties are established with local players to improve their chances for success and expand their social foundation.

3.7 ENCOURAGEMENT FOR PRIVATE INITIATIVES WITH A FOCUS ON PUBLIC WELFARE

Over the last few years, private agents have played a growing but uneven role in providing care to AIDS patients. It would thus be appropriate that private initiatives be encouraged to better mesh with public healthcare services. These are companies whose action, where existent, focuses mainly on care for employees, but which should be encouraged to extend their services to all healthcare beneficiaries. Likewise, pharmaceutical groups should be encouraged to fund training for healthcare professionals in prescribing medication and monitoring treatment. Lastly, non-governmental organisations and confessional structures that often already play an important part in the public healthcare offering and with which it is important to set up training actions for workers in public health priorities, such as the fight against HIV/AIDS.

3.8 IMPLEMENTATION OF PROJECTS DESIGNED TO GAIN FAMILIARITY WITH AND BETTER UNDERSTAND THE HEALTHCARE SYSTEM

The lack of data, including finer quantitative data, and the few studies that exist, in particular qualitative, about the actual workings of healthcare systems are a considerable limit to analysing problems and, thus, looking for solutions. It is crucial that research programmes be developed in the fields of public health, human resources management and social sciences, in order to become more familiar with and better understand the various situations and issues. Funding and research agencies, such as ANRS, and France's research institutes, such as IRD, Inserm and CNRS need to be mobilised to launch focused calls for tenders, in conjunction with the Ministry of Foreign Affairs, as well as through decentralised cooperation with the regions. Such action could also be considered at the European level, to improve the diversity and quality of the work carried out.

The responses set forth here by Conseil national du sida to the serious issue of human resources must obviously be designed and implemented as part of a broader effort to improve healthcare systems in the relevant countries that extends beyond the AIDS epidemic alone.