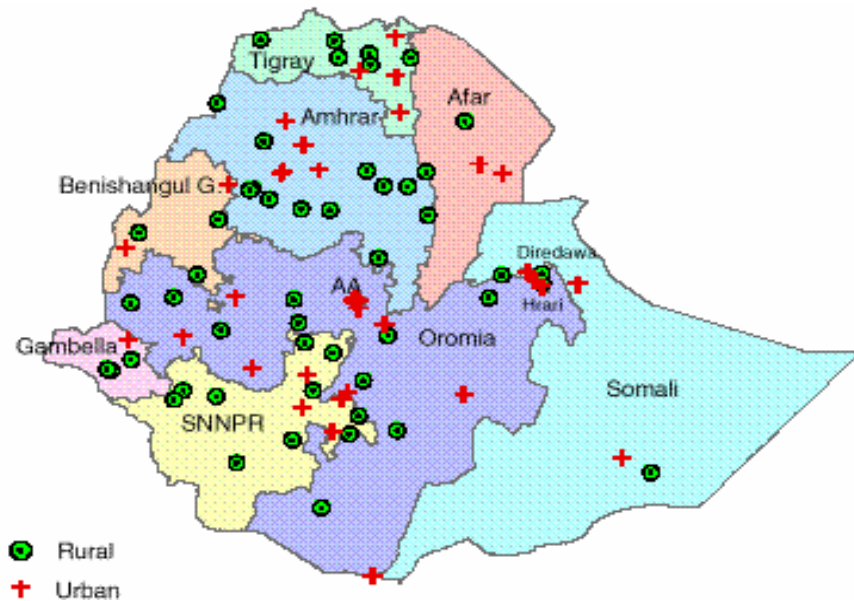


Increasing Human Resources for Health *The Ethiopian Experience*



**Meskele Lencha, Deputy Director General,
Federal HIV/AIDS Prevention and Control Office, Ethiopia**

2008 HIV/AIDS Implementors' Meeting, Scaling Up Through Partnership,
Overcoming Obstacles to Implementation

3-7 June 2008, Kampala, Uganda

Presentation Outline

- **Introduction**
- **HR Challenges**
- **Experience gained in Increasing HR for Health in Ethiopia**
- **The Way forward**

Introduction

- **Human Resource Challenges- One of major bottlenecks**
- **Health Policy: focusing on Prevention with provision of basic Curative services**
- **Health Sector Development Programme (HSDP I-III)**
- **Partnership and government leadership**

Introduction... (2)

UA targets and Current Status (Access & Utilization)

	2005	2007	by 2010
• Site Expansion			
• HCT Sites	658	1,229	3,276
• PMTCT sites	32	454	3,276
• ART sites	3	329	3,276
• SM HSEP	6,000	24,000	31,000 by 2008

Service Uptake

• HCT	448,000	2.3 million	25 million
• PMTCT	354	2,740	72,000
• ART started	8,229	136,000	400,000

Human Resource Challenges

- **Shortage of Health Human Resource**
- **High attrition of skilled staff**
- **Inadequate professional mix**
- **Inadequate skills**
- **Poor motivation**
- **Weak work environment**

HRH Densities Across Africa

	Physician density (per 10,000 pop)	Nurse density (per 10,000 pop)
Burundi	0.05	0.1
Rwanda	0.19	2.1
Liberia	0.23	0.58
Mozambique	0.24	2.05
Chad	0.25	1.5
Ethiopia	0.3	2.05
Niger	0.33	2.31
Centrafrique	0.35	0.88
Gambia	0.35	1.25
Burkina Faso	0.4	2.6
Tanzania	0.41	8.52
Mali	0.44	1.26
Uganda	0.47	0.56
Angola	0.5	11.4
Eritrea	0.51	2.1
Togo	0.56	1.67
Zimbabwe	0.57	5.41
Congo (R.D)	0.68	4.41
Lesotho	0.7	3.3
Zambia	0.7	11.3
Comores	0.74	3.41
Cameroon	0.74	3.67

	Physician density (per 10,000 pop)	Nurse density (per 10,000 pop)
Madagascar	0.87	1.88
Sierra Leone	0.88	9.07
Côte d'Ivoire	0.9	3.12
Ghana	0.9	6.4
Benin	1	2
Senegal	1	5
Guinea	1.3	5.57
Mauritania	1.38	6.24
Kenya	1.41	10.8
Swaziland	1.51	4
Guinea Bissau	1.66	10.93
Cape - Verde	1.71	5.58
Equatorial Guinea	2.46	3.95
South Africa	2.51	14
Congo	2.51	18.51
Nigeria	2.69	6.62
Botswana	2.87	24.1
Namibia	2.91	16.58
Sao Tome & Principe	4.67	12.74
Mauritius	8.5	23.3
Algeria	8.5	30
Seychelles	13.2	46.75

Experience gained in Increasing HR for Health

- **Health Service Extension Programme**
- **Accelerated Health Officers Training Programme**
- **Increasing Intake of Medical Training**
- **Mentorship through Health Network Model**
- **Training of M&E Officers and HMIS Technicians**
- **Career Development & Retention mechanisms**

Health Service Extension Programme

Addressing Family and Community based Response

Health Service Extension Programme...(1)

- **Innovative Strategy Institutionally linking facility based healthcare to community based health care**
- **Focuses on Key areas**
 - **Major Communicable Diseases: HIV/AIDS, Malaria, TB prevention & control package**
 - **Family Healthcare Package**
 - **Hygiene & Environmental Health Package**
 - **Health Education/IEC/BCC**
- **House to House Service Delivery model**

Health Service Extension ...(2)

Implementation

- Joint Planning with regions & partners
 - Curriculum Development
 - Training material Development
 - Initial Pilot phase
- **Recruitment:-**
 - Grade 10 complete
 - Only Females except in Pastoral areas
 - Local community involved in recruitment

Health Service Extension...(3)

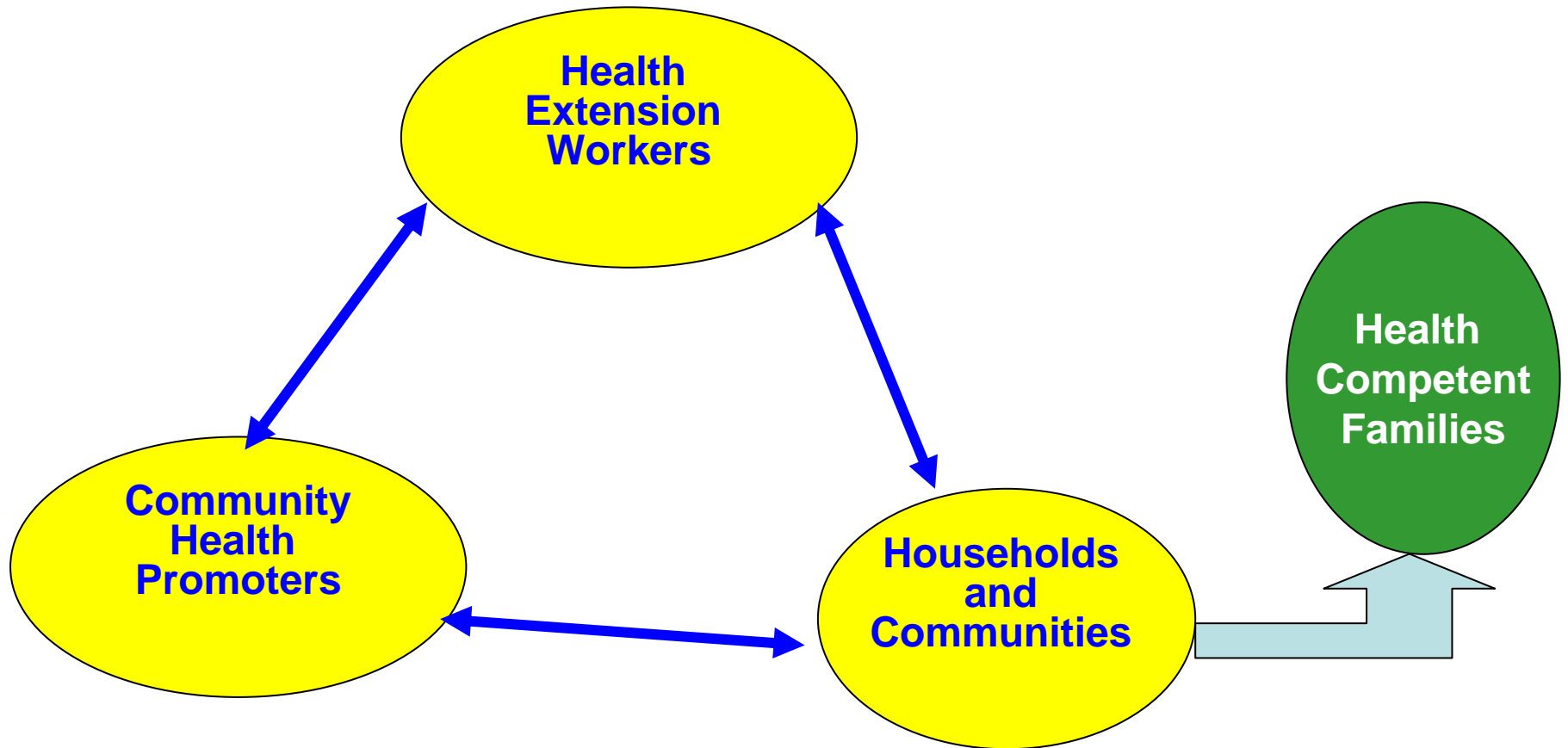
- Training
 - 12 months
 - 1/4th of Period for theory
 - 3/4th of Period for Practicum in the community and households
- Deployment
 - To their respective communities
 - 24,000 HEW deployed
 - 7,000 to be enrolled in TEVT 2008/09=31,000 HEWs.
 - Universal Access by 2009 for Home and Community based care
- Renumeration: government salaried.
- Facility: Health posts

Health Service Extension...(4)

Family and Community based response

- Social and behavioral change (IEC, BCC, Community conversation -80% kebeles now covered)
- HIV prevention, treatment, care, and support
- Produce Community Health/Anti-AIDS promoters from model households
- Promoters disseminate key HIV/AIDS and Health messages and doable actions in the neighborhoods

Health Extension Workers Interactions with Primary Producers of Health



Accelerated Health Officers Training

Addressing Facility Based Response

Why Accelerated Health Officers Training?

- To meet HR needs of expanding basic healthcare services at PHCUs, particularly to rural areas
 - Deploy HO to over 3200 HCs, over 700 district health offices, and 800 district hospitals by 2010
- To meet HR needs of decentralized health management at districts
- Better promote public health
- To reach UA to HIV/AIDS prevention, treatment, care, and support

Accelerated Health Officers Training...(2)

- Federal MOH initiated training program to produce 5000 HOs in 5 years (by 2010).
- Type Training: Generic and Post basic
- Training Institutions: 5 Universities and 21 training hospitals
- Training duration: 3 years
 - 1 year in universities and 2 years in training hospitals

Participating Universities...(3)

- **Haramaya University**
- **Hawassa University**
- **Jimma University**
- **Mekelle University**
- **University of Gondar**

Roles of the universities...(4)

- Curriculum development & revision
- Students' recruitment
- Keeping records & awarding degrees
- Overall monitoring of the training program [considered as centerpiece]

Role of Regional Health Bureaus...(5)

- Support Post Basic students training
- Facilitate recruitment of AHOTP Post Basic students
- Sponsor the Post Basic students
- Deploy the graduates
- Play a leadership role in the preparation of AHOTP Hospitals

Achievement...(6)

- **Graduated: 1000 Health Officers**
- **Currently at training= 4,200**
- **5000 will be deployed by 2010**
- **Enable rolling out HIV/AIDS services to Health centers to reach Universal access**
- ✓ **In general, program running as planned**

Medical Doctors Training

Addressing Facility Based Response

Medical Doctors Training...(1)

- **Annual enrollment increased from 200 to 1000 in 2008**
- **In 2009 planned to enroll 1,800**
- **Annual enrollment planned to increase to 8,000 by September 2009 in 21 universities and 40 hospitals**
- **Hospitals to increase from 143 in 2008 to 800 in next 5 years**

Mentorship & Health Network Model

- Clinical mentoring to maintain quality
- Task shifting to create better access
 - ART by health officers & nurses
 - HCT by Community Counsellors
 - Adherence counseling by expert patients
 - Follow up by case managers
- Catchment area meetings and seminars

Hospitals → HCs → Health posts → Households

MDs → HOs → Nurses → HEWs → Families

M &E Officers and HMIS Technicians Training

Addressing Health System Bottlenecks

M & E Officers and HMIS Technicians Training

- Purpose:- Improve performance by using strategic information for decision making
- Joint Program: Jimma University/ Tulane-CDC/ PEPFAR
- 1st batch 28 graduated with MSc in M&E
- 2nd batch 43 on practicum
- Sandwich: 2 months Site work and 2 months education
- 3rd batch starts in september 2008-open to international applicants

- 3rd batch will 1 year preservice training

- HMIS technicians training: to enroll 8,000 in 2008
 - To be graduated with Diploma in HMIS in 1, 3 years
 - To be deployed to Hospitals, HCs, districts, regions

Career development & retention mechanism

- Career development structure designed
- Minimum years of service & education opportunity
- Improve work environment
 - Hospital reform
- Efforts to provide housing at remote rural hospitals
- Renumeration

Challenges

- **Shortage of teaching staff**
- **Inadequate facility at Practicum sites**
- **High attrition**
- **Coordination**

Partnership in Overcoming Obstacles

- **Partners: PEPFAR, Global Fund, World Bank, UN System**
- **Sectors: MoH, MoE, Federal HAPCO**
- **Regional Health Bureau, Regional HAPCO**
- **Universities**
- **Training hospitals**
- **Health Professionals**
- **Private Sector**
- **NGOs**
- **FBOs**
- **PLHIV**
- **Communities**
- **Leadership**

The Way Forward

- Create Better Capacity
 - **Improve Capacity at Training Institutions**
 - **Develop Capacity at Practice Sites**
- **Implement Health Network Model**
 - Mentoring
 - **Catchment area seminars**
 - **Supportive Supervision**
 - **Referral Linkages**
- **Financial and nonfinancial incentives**
- **Career Development**
- **Performance improvement and Leadership development**

Thank You!

The image features the text "Thank You!" in a highly stylized, 3D font. The letters are slanted to the right. The color of the text is a gradient, starting with a bright yellow at the bottom and transitioning to a dark brown at the top. Each letter has a thin white outline and casts a soft, brown shadow to its right, giving it a sense of depth and volume. The background is plain white.