EDITORIAL

Bridging the divide: Linking training to services

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"Bridging the divide: Interdisciplinary partnership for HIV and health systems strengthening" was the topic for one of the pre-conferences for the AIDS 2010 International Conference in Vienna Austria (between 18th to 23rd July 2010 (1). Africa is said to have about 11% of the world's population and 24% of its disease burden, but only 3% of its health workers (2). This shows the dire need for investing in human resources capacity building within the African health systems. Efforts in the control of targeted diseases (HIV/AIDS, TB, malaria and others) should also be undertaken in a manner that also strengthens the health system, rather than distracting health systems and fragmenting other health programs.

For the past decade, global AIDS donors—including the U.S. President's Emergency Plan for AIDS Relief (PEFPAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), and the World Bank's Multi-Country HIV/AIDS Program for Africa (the MAP)—have responded to HIV/AIDS in sub-Saharan Africa as an emergency. Financial and programmatic efforts have been quick, vertical, and HIV-specific. To achieve ambitious HIV/AIDS targets, AIDS donors mobilized health workers from weak and understaffed national health workforces. Such measures have resulted in imbalance in the distribution of the meager human resources for health between the various health sector programs. Even after a decade of such investments, the imbalances and shortages in human resources still persist. This requires that AIDS donors should begin to address the long-term problems underlying human resources shortages and other undesired effects of targeted programs (3).

Even in countries like Ethiopia, where attempts are being made to use funds from targeted programs towards health systems strengthening, it has been difficult to align the priorities of donors with needs on the ground (4, 5). The basic needs of the health system (such deployment of human resources at peripheral public facilities) seem to receive little attention from foreign donors. Support to AIDS related activities through PEPFAR is ten times the amount spent on maternal health, despite the fact that Ethiopia's death rate for mothers giving birth is among the highest in the world (6). Overall, lack of funds for the country's health systems remains a major problem. There are only 0·02 physicians and 0·24 nurses and midwives per 1000 people, compared with the WHO minimum recommended standard of 2·3 per 1000. Only 5·7% of women get professional medical assistance when delivering and the country has an extremely high birth rate, yet funding to address these problems is highly uneven (7).

The new Health Extension Program and the expansion of Primary Health Care Units, efforts that are highly laudable, seem to suffer from problems of staffing and service quality. This shows that there should be ways for the Global Fund to support in addressing the health workforce crisis in developing countries (8). Current ART delivery models do not focus sufficiently on long term retention of human resource capacity, the most important issue for the long term success of ART delivery programs (9). Despite being a "noble international health initiative", PEPFAR is still blamed for failing to address many of the other serious and deadly health threats causing harm in lower income countries, in addition to HIV/AIDS (10). Most of the articles in this issue also demonstrate the fact that that there are many other health problems requiring attention and support in Ethiopia (11-13).

The other peculiar feature in the context of Ethiopia is the need to "bridge the divide" between training of human resources in the education sector and the deployment within the health sector. In actual fact, this is one of the areas that should be given attention if we want to mitigate the problem of brain drain from developing countries like Ethiopia. Physician training in Ethiopia was started in 1964 and by the end of 2008 (after 40 years of training) a bit more than 3000 physicians were trained locally. One third of these have left the country and out

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of the remaining 2000 only 50% were working in the public sector in 2008 (14). At this moment, the Human Resources for Health Strategy of the country envisages to have about 15,000 physicians by 2020 (15). This may seem feasible in view of the number of the ground work within the education sector and the number of universities that have now started to train physicians. However, there does not seem to be strong link between training and the health sector realities. Health workers should be trained within a framework that gives them close orientation and attachment to their health system so that they would be more committed towards serving in it when they graduate.

In the past, training of health workers used to be conducted in such a manner that they are in close contact with the health system that serves as the site of their future deployment. In such a situation, they will feel at home when they graduate and will have no problem of internalizing and owning the realities within the health sector. However, with the expansion of health training institutions, health systems oriented training does not seem to have been given the required level of attention. Unless this situation is timely addressed, training of health workers will tend to continue in a manner that makes them feel alien to the local realities. This, in turn, is likely to aggravate the situation of brain drain, rather than contribute effectively to health systems strengthening.

References

1. International AIDS Society. Bridging the Divide: Inter-disciplinary partnerships for HIV and health systems strengthening pre-conference meeting (for AIDS 2010) of HIV and health systems experts. 16-17 July 2010, Vienna, Austria.
2. World Health Organization: *WHO Fact Sheet No 302: The Global Shortage of Health Workers and Impact. Geneva* 2006.
3. Droggitis C, Oomman N. Think Long Term: How Global AIDS Donors Can Strengthen the Health Workforce in Africa. Center for Global Development (CGD) Brief. September 2010.
4. Loewenberg S. Ethiopia struggles to make its voice heard. *The Lancet* 2010; 376(9744):861 – 862.
5. Borisch B. Editorial: Global health initiatives and the new dichotomy in health systems. *Journal of Public Health Policy* 2010; 31: 100 – 109.
6. Hogan M, Foreman K, Naghavi M, Ahn S, Wang M, Makela S, et al. Maternal mortality for 181 countries, 1980-2008: A systematic analysis of progress towards Millennium Development Goal 5. *The Lancet* Published online www.thelancet.com; April 21, 2010 DOI:10.1016/S0140-6736(10)60518-11.
7. FMOH. Health and Health Related Indicators. 2001 EC. 2010. Policy Plan and Finance General Directorate, Addis Ababa, Ethiopia.
8. Ooms G, Van Damme W, Temmerman M. Medicines without doctors: Why the Global Fund must fund salaries of health workers to expand AIDS treatment. *PLoS Medicine* 2007; 4(4):001-004.
9. Assefa Y, Van Damme W, Hermann K. Human resource aspects of antiretroviral treatment delivery models: current practices and recommendations. *Current Opinion in HIV and AIDS* 2010; 5:78-82.
10. Denny C, Emanuel E. US health aid beyond PEPFAR; the mother and child campaign. *JAMA* 2008; 300(17): 2048 – 2051.
11. Mengistu B, Baraki N. Community based assessment on household management of waste and hygiene practices in Kersa Woreda, Eastern Ethiopia. *Ethiop J Health Dev* 2010;24(2);103-109.
12. Anteneh A, Kumie A. Assessment of the impact of latrine utilization on diarrhoeal diseases in the rural community of Hulet Ejju Enessie Woreda, East Gojjam Zone, Amhara Region. *Ethiop J Health Dev* 2010;24(2);110-118.
13. Azage M, Kumie A. Healthcare waste generation and its management system: the case of health centers in West Gojjam Zone, Amhara Region, Ethiopia. *Ethiop J Health Dev* 2010;24(2);119-126.
14. Ambaw Y. Assessment of the distribution of Ethiopian trained physicians with magnitude and reasons for migrating abroad. School of Graduate Studies, Addis Ababa University. 2008.
15. Federal Ministry of Health, Ethiopia. Human Resources for Health Strategic Plan, Ethiopia 2009-2020. 2010. Policy, Plan and Finance General Directorate, Addis Ababa, Ethiopia.