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THE INTERAGENCY TASK TEAM
The Interagency Task Team on the Prevention and Treatment
of HIV Infection in Pregnant Women, Mothers and Children

7 Human Resources for Health

7.1 Background Information

This guide is intended to support Ministries of Health dialogue on Human Resources for Health with national and international stakeholders in the training, recruitment, and deployment of health workers and updating/reviewing relevant regulatory frameworks for defining health workers scope of practice, within the context of Option B/B+ roll-out.

- Why should Ministries of Health consider dialogue with stakeholders around HRH in the context of Option B/B+ roll-out?

  ◦ The goal to eliminate new HIV infections among children by 2015 and keep mothers alive demands responsive and efficient HRH to support and sustain swift country response.

  ◦ In the majority of the Global Plan priority countries, shortage of health workers, inadequate mix, mal-distribution of existing workforce, and low morale are major challenges in meeting the EMTCT goal. Within the last decade, countries used several approaches and strategies to address HRH for expanding access to HIV testing, care and treatment services. It is important that countries build on lessons learned, and continue scaling up what works. It is also essential that programmes foster innovation and ongoing programme learning in the context of scaling up option B/B+.

- What should Ministries of Health consider as key HRH discussion and talking points in the context of scaling up Option B/B+? A number of factors countries may consider, in addressing the quantity and quality of their HRH base are listed below. It is anticipated that these factors would be considered in the context of a broader HRH assessment, to develop short-term as well as long-term solutions.

7.2 Policy & Needs Assessment for HRH

Understand HRH needs in the context of Option B/B+ roll-out.

- Assess HRH needs in the context of Option B/B+ scale up.

  ◦ Identify what types of cadres of health workers are needed at various levels of the health system, including facilities in rural settings and other marginalized communities.

  ◦ Prioritize gaps in cadres, the distribution of health workers, and training and support required to roll-out Option B/B+.

  ◦ Assess the capacity of programme managers at various level of the health care delivery system to plan, coordinate, implement and monitor Option B/B+ roll-out.

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- Assess the number and distribution of HR managers who are deployed across the health systems and their role in implementing identified solutions.

Determine if HRH policies, regulatory frameworks and programme environments impede Option B/B+ roll-out.

- **Assess HRH policies regarding mid-level provider (MLP) initiation of ART (i.e. clinical officers, nurse practitioners, and midwives).**[b] Determine if official policies (MOH, regulatory boards/councils) impede PMTCT roll-out or if they are sufficiently harmonized regarding ART initiation and updated health workers "scopes of practice."

- **Work with health professional associations, national credentialing authorities, MOH chief officers (e.g., Chief Nursing Officer, Chief Clinical Officer, etc.), health workers, academic representatives, and networks of PLHIV** in your country, with respect to task shifting. A holistic approach to operationalizing PMTCT services requires communication with these stakeholders as well as their involvement in facilitating HRH/clinic readiness for implementing national protocols.

- **Consider critical HRH issues in responding to both acute and chronic care.** Recognize that HIV care and treatment is a lifelong intervention for the woman who is living with HIV. Ensuring continuity of care or retention, patient education and counselling, linkage to community resources are some of the essential aspects of chronic care.

- **Collect and show evidence where task-shifting has worked.** This includes nurse initiated management of ART (NIMART) in Lesotho, South Africa, and many other countries.

- Ensure supportive programme environment framework for delivery of ART at primary health facilities where most women and children access services. In some settings, policies may not allow ARV drugs to be dispensed at primary care health centers.

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[b] Countries may have various cadres of health workers who are mid-level providers, but the list often includes clinical officers, nurse practitioners, midwives, and others.

Identify key stakeholders and build partnership around HRH for Option B/B+ roll-out.

- **Disseminate HRH information to strategic partners and build partnership around HRH.** Raise HRH challenges with strategic partners and find solutions. Many organisations can collaborate in this area. Work with partners especially the MOH Department of HRH, international organisations such as WHO, UNICEF, UNAIDS, and UNFPA, as well as partners such as Management Sciences for Health (MSH), EGPAF, and IntraHealth, and other IATT partners to identify solutions and decide how to best transition your regimens. Identify strong HRH partners, including those in the private sector.

- **Foster collaboration across different national programmes** (e.g. among HIV, sexual and reproductive health (SRH), Tuberculosis (TB)). Such collaboration could focus on shared priority areas such as health workers training and supportive super-vision, drug procurement and supply management, programme monitoring and evaluation, and community involvement. The lack of programme collaboration may increase service providers' workload, for instance, by the requirement to fill out multi-ple registers, aggregate and report data to parallel multiple programmes and part-ners, or health workers may be pulled out to attend multiple uncoordinated trainings. This is a particularly pressing issue in rural facilities, which are often poorly staffed.

- **Encourage provider dialogue on maximizing the role of "lay" health personnel in PMTCT services.** This discussion can be enhanced through shared examples of community impact, discussion points, talking notes, and clear facts about the effec-tiveness of engaging community members as client advocates. Collaborate with relevant leadership to ensure this information is also included in provider training.

- **Support and facilitate opportunities for health workers feedback and experi-ence to inform policy dialogue.** Continued programme learning through healthcare providers' feedback, evaluation and best practice documentation can facilitate policy dialogue.

Include HRH needs in the national Option B/B+ roll-out plan.

- **Identify an HRH focal point** in the national HIV/AIDS commission/programme to oversee and support HR in the implementation of Option B/B+. Develop the Scope of Work (SOW) for the HRH focal point.

- **Embed HRH in the national EMTCT roll-out plan,** and incorporate short and long-term strategies to address key priority issues related to human resources in the context of Option B/B+ roll-out.

- **Consider expanding the human resource base for Option B/B+ roll-out.** Studies and programme experience indicate that community support is an essential compo-nent of HIV care and treatment.

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- ◦ Strengthen community systems and linkages with facility level services to support access, retention, and treatment adherence.

- ◦ Expand community HRH workforce, and also prepare existing health workers who play role in the training, supervision and mentoring of community workers.

- ◦ Link services with initiatives that could help pregnant women when they are most vulnerable, immediately after a positive HIV test result and the need for lifelong treatment, such as mothers2mothers (m2m) or local networks of PLHIV.

- ◦ Highlight the importance of community support in lifelong treatment and retention in HIV care, and treatment adherence.[c]

- • **Remain alert to inequities as macro data hide important differences** and urban-rural imbalances. Many women and their families in rural locations may face difficulties in accessing health services, if they have to travel long distances to receive ART as this adds transport cost. One consideration, particularly in high burden settings, is to decentralize HIV care and treatment to peripheral facilities that are close to their home. However in most settings, health workers tend to concentrate in urban locations and rural facilities often face limited staffing. In such settings, where feasible, the existing limited health staff can particularly be supported by community workers and community level interventions.

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[c] In 2012, UNAIDS published a literature review examining the role of communities in HRH and EMTCT, and especially their psychosocial role. The study developed a conceptual framework that focuses on communities and how they can be engaged more effectively in service delivery. The report is in a special issue of the Journal of the International AIDS Society: http://www.jiasociety.org/jias/index.php/jias/article/view/17390.

7.3 Training

Ensure health workers receive training in preparation for Option B/B+ roll-out plan.

- **Ensure providers training (in-service and pre-service) incorporates the latest PMTCT guidance and provides sufficient clinical oversight regarding the introduction of new procedures.** Tailoring generic training to specific disciplines elevates awareness of expected professional competencies regarding ART/PMTCT. Additionally, collaboration with professional regulatory boards facilitates the inclusion of ART/PMTCT questions on credentialing examinations for newly trained graduates. This collaboration can also impact current providers by introducing ART/PMTCT training as a requirement for re-licensure.

- Involve key stakeholders for HRH and HIV & SRH/MNCH programmes in the development of the national roll-out plan and health workers training.

- Incorporate resources required for training, mentoring, and supervising or orienting health workers (i.e. both programme managers and service providers) in the national roll-out plan.

- Have a nationally standardized competency-based training on HIV care and ART, PMTCT for nurses and midwives. Use innovative approaches to ensure continued education of health workers e.g., use of computer or internet based trainings, distance learning approaches, mobile technologies, etc. to minimize service interruption due to health workers participating in training.

- When necessary, have standard operating procedures for health workers at facility levels. This would support health workers in the initial roll-out phase while building their experience.

- Have a more detailed plan for rapid roll-out of targeted training for health workers at national/subnational/facility levels. Match health workers training roll-out with expansion of services.

- **Plan for standardisation and predictability of the Option B+ landscape.** HRH personnel in the clinic will need to interact seamlessly with other staff in the pharmacy, those in the lab, those in the supply chain and those in the psychosocial support teams, among others. This will require respect for procedure in order to have smooth and dependable systems.

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1 WHO, PEPFAR, UNAIDS. 2008. Task shifting: Global recommendations and guidelines. Available at: http://www.who.int/healthsystems/TTR-TaskShifting.pdf

2 WHO and GHWFA. 2011. Global experience of community health workers for delivery of millennium development goals: A Systematic Review, Country Case Studies, and Recommendations for Integration into National Health Systems. Available at: http://www.who.int/workforcealliance/knowledge/publications/CHW_FullReport_2010.pdf

3 WHO. 2012. Programmatic update: Use of Antiretroviral Therapy for treating pregnant women and preventing HIV infection in infants. Available at: http://whqlibdoc.who.int/hq/2012/WHO_HIV_2012.6_eng.pdf

4 MSH. 2005. Human Resource Management Rapid Assessment Tool for Public and Private Sector Health Organizations. Available at: http://erc.msh.org/newpages/english/toolkit/hrd.pdf

5 CDC. Strengthening the African Health Workforce. Available at: http://www.cdc.gov/globalaids/success-stories/arc.html

6 USAID, Capacity Plus. HRH: Global Resource center. Accessible at: http://www.hrhresourcecenter.org/