

Work Force

- Work force shortage is a global priority
(WHO World Health Assembly 2006)
- Almost every national governmental policy fails to support the preparation of an adequate number of health care workers to reach self-sufficiency
- Work force shortage is thought to be the major reason we are unable to deliver HIV prevention, treatment, and care.
- Through a focus on work force shortage, we have begun to understand problems with work settings – inadequate staffing, lack of equipment, salaries, burnout, migration, autonomy, and image.
- We still have little information or understanding of the problems with pre-service training programs, including severe faculty shortages.

Work force shortages have lead to WHO's educational strategy of skill transfer

- Array a set of skills across health care provider groups (physicians, advanced practice nurses, nurses, nurse assistant, community-based workers), such as the prescription and monitoring of ARV medications.
- Assign the skill set to the lowest level worker possible, shifting down the levels of responsibility
- It has the potential to increase the pool of health workers with desired skills
- Thought to be an economical strategy to increase the available pool of qualified health workers.

Thoughts about skill transfer as an educational strategy from an M & E perspective

- Is it true that it takes too long to train nurses and other health care workers?
- Is this urgency of this strategy justified?
- Does this policy devalue clinical judgment?
- What is the impact of less prepared health care workers on clients/patients?
- Who will supervise these lower level workers, particularly community-based health workers?
- Will career advancement opportunities be developed for these less skilled health workers?
- How exactly does adopting a training philosophy of skill transfer increase the pool of available, qualified health workers?

Is the argument “It takes too long to train health workers” a myth?

Example: International Council of Nurses, Geneva, articulates four levels of nurses (training time varies across programs and countries):

- Assistant Nurse (3 month training)
- Enrolled Nurse (2 years training) –**working in settings**
- Registered Nurse (3-4 years training)-**working in settings**
- Advanced Practice Nurse (1-2 years, certificate program or graduate degree)

Are there different models of pre-service training that have the potential to increase the pool of available health workers?

Observations:

If you double the number of student nurses across these programs you would also double the health workers across all settings – as these students train AND provide care across all care settings.

My university, UCSF, trains registered nurses (BSN degree) in 11 months, full-time, who have an academic degree)

M & E – Work Force Training

- In-service Education (re-training)
 - § Is the PEPFAR focus on in-service education achieving the desired goal of preparing a qualified work force?
 - § Have the M & E activities moved beyond counting the number of individuals trained to examining quality of trained personnel, including measuring knowledge, attitudes, and skills; types of positions taken; and quality of work environment?
- Pre-service Education (training new workers)
 - § Is PEPFAR's recent participation in pre-service education increasing the pool of available health workers?
 - § What are the competencies and skills of these new health care workers?
 - § Do M & E systems assist with the challenge of tracking health care workers from registration through retirement, working with national regulatory and professional bodies, as well as governmental ministries?

What are the strengths and concerns about the current models of twinning being supported by PEPFAR?

Twinning Centers, American International Health Alliance

Key elements :

Voluntarism (Is this realistic?)

Institution-based partners

Peer-to-peer collaborative relationships

Professional exchanges and mentoring

Non-prescriptive, demand- and process-driven partnerships

M & E - Caring for Caregivers

Are M & E activities documenting PEPFAR's impact on providing support for professional and community-based caregivers and their families?

Are M & E activities evaluating the impact of PEPFAR funded programs that provide HIV testing, treatment, and care for infected health care workers?

Do M & E activities use in-country and international models for evaluating training programs and the impact of graduates on work settings?

Do M & E activities have a role in supporting in-country sustainability and capacity building through its activities?

- National Regulatory bodies (e.g. National Nursing Council)
- Education accreditation agencies within country:
 - § Students (knowledge, attitudes, & skills), faculty/tutors, curriculum, and resources.
- International Standards of Hospitals, JCAHO
 - § Quality of work environment (work settings)
 - § Autonomy, job satisfaction, turnover, migration within and out, salaries.
- Governmental bodies & policies (MOH, MOE)