Human Resources

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Key Challenges: Structural

• Overall shortage of skilled human resources for VMMC service provision
  – Africa has 25% of world’s disease burden but only 3% of the world’s human resources for health

• Several Southern African countries have not yet implemented task shifting to nurses (and do not have clinical officers)
Key Challenges, Programmatic

• MOVE is an excellent strategy for improving efficiency in settings of high demand but is wasteful when demand is low
  – Doctor-led MOVE teams are vulnerable to absence of doctor (personal or family illness, need to conduct emergency surgery)

• “Seasonality” of demand in many countries means that many more VMMC service providers are needed in winter than during the rest of the year

• How can we maximizing access to VMMC (e.g., sites open 6 days per week) while keeping providers productive and engaged
Key Challenges: Operational

• Keeping providers motivated and happy so that retention is high
  – SYMMACS study documented high burnout (fatigue + boredom) among providers in older programs and among doctors

• Developing cohesion and trust within VMMC teams when some providers are part time, others are full time, some are paid by government and others by NGO partners
Best Practices Implemented: Expanding Size of VMMC Workforce

• Task shifting to nurses so that they can conduct any role in VMMC service provision
  – Need to task shift some nursing roles to counselors to avoid “task dumping”

• Human resource “inventory” or quantification to identify untapped human resources
  – “Retired but not tired”
  – Immigrants who are registered with medical or nursing council but not in clinical practice
Best Practices: Expanding VMMC Workforce, cont.

• Namibia has recently become the first Southern African country to task shift to nurses
  – Not by changing nursing scope of practice but by developing a system to “certify” VMMC trained nurses

• “Liquid” HR concept: having a pool of part time VMMC service providers who can be engaged during winter, school holidays, etc.
  – From government (Kenya and Tanzania)
  – Or private practice (South Africa)
  – Volunteers (in selected situations)
Best Practices: Motivating and Retaining VMMC Workforce

• Ensure that pay and benefits are fair and transparent, especially on “mixed” teams of government and NGO providers

• Cater in tea and lunch during campaign periods (for auxiliary staff as well as providers—they are also working hard)

• Thank them and remind them that they are providing a lifesaving service that is going to change the future of the epidemic
Action Items

• Convene sub-regional group to focus on task shifting in Southern Africa (Namibia can provide an example for the sub-region)

• At country level, persons or organizations working on “supply” and “demand” to work together to better forecast HR needs, taking into account seasonality, holidays, etc.