

# Human Resources

Chairs: Naomi Bock and Frank Lule

Presenters: Dino Rech and Kelly Curran

Rapporteur: Kelly Curran

# 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.