


The role of professionals in E2

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Organisation of my presentation

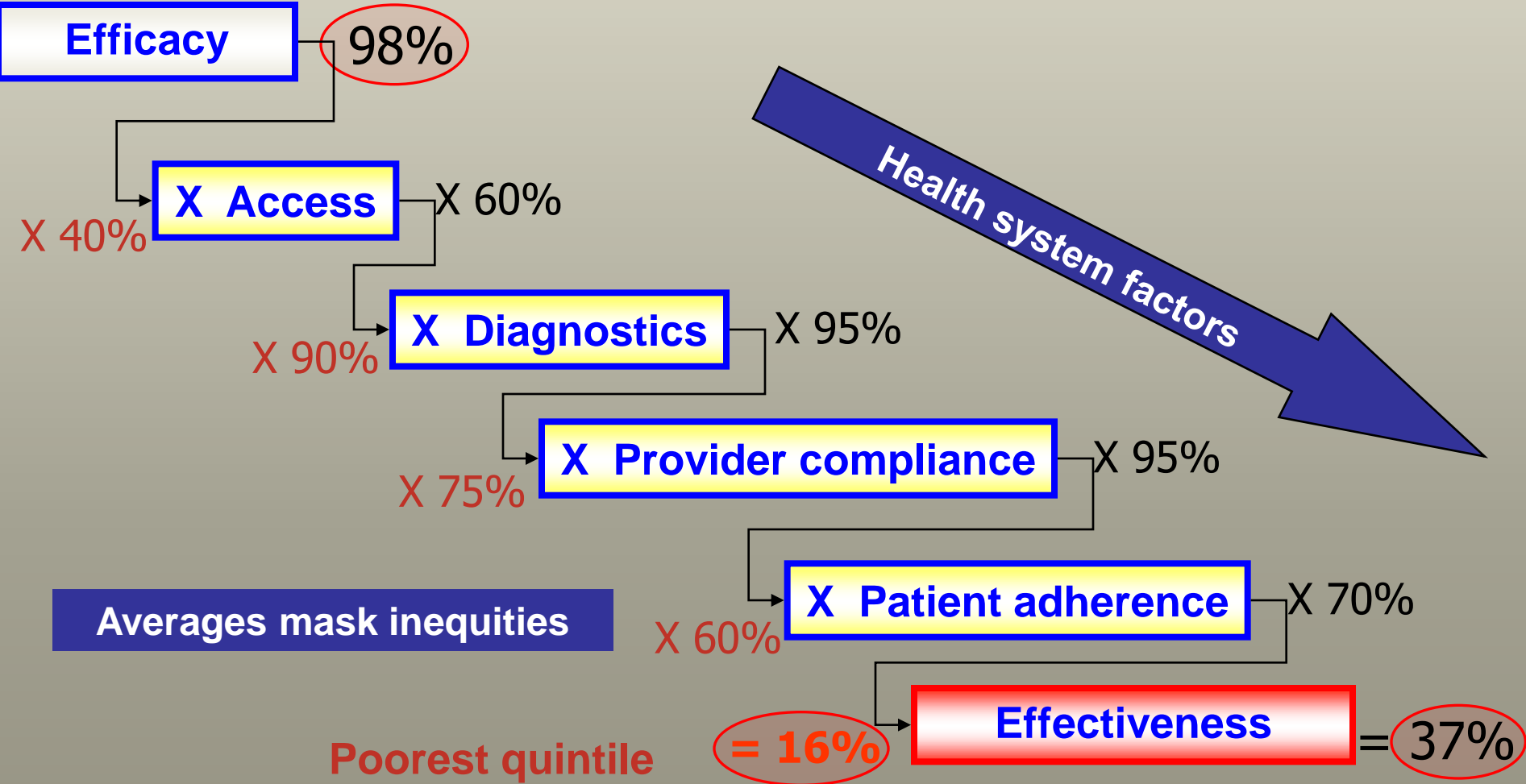
- **Loosing traction in health system – role of professionals**
- **Reasons**
- **How professionals role be enhanced**

Prevailing context

- Former funds allocation to HIV have not yielded expected results
- Many factors have contributed - including weak health system
- HRH are central part of this weak health system
- How best can professionals be involved ?

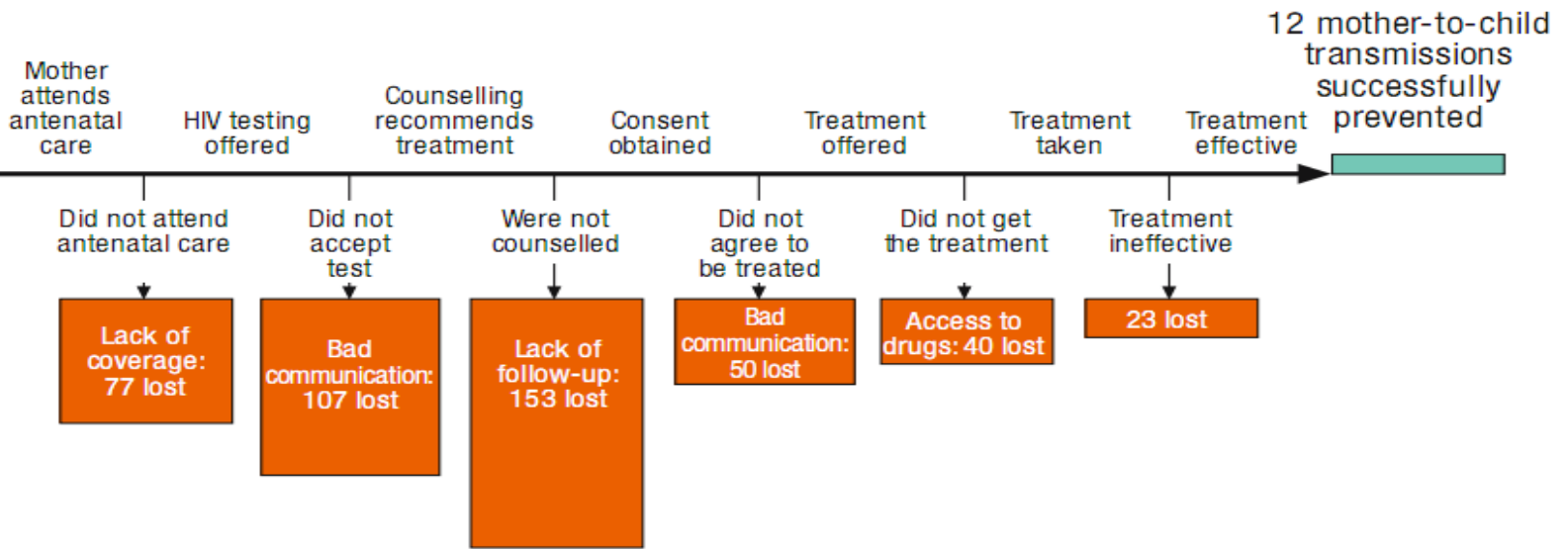
Loosing health system traction... role of professionals

Equity effectiveness



Loosing traction: E.g. PMTCT

462 mother-to-child transmissions of HIV (expected among 11 582 pregnant women)



450 failures to prevent transmission

HRH—possible areas of improvement

Enter system

Entry into training
Quantity of training
Quality of Training
Recruitment

Inefficiency within

Performance
Productivity
Motivation
Admin/Management
Quality of Care
Distribution of staff

Exit system

Retention
External Brain Drain
Internal Brain Drain

Why....

- Numbers not sufficient ... therefore high workload
- Productivity is low work does not get done
- Motivation is low Lack the interest to put effort
- Knowledge is poor Reason to do it well

But not so simple.... Very complicated

- Numbers not sufficient ... there is skewed distribution ... rush for HIV/AIDS work
- Productivity is low even during the productive time there is still low performance /quality e.g. the quality of VCT
- Motivation is low Complicated with job satisfaction, political and social contexts
- Knowledge is poor Knowledge do gap is high .. So many trainings , seldom used after training

Workload

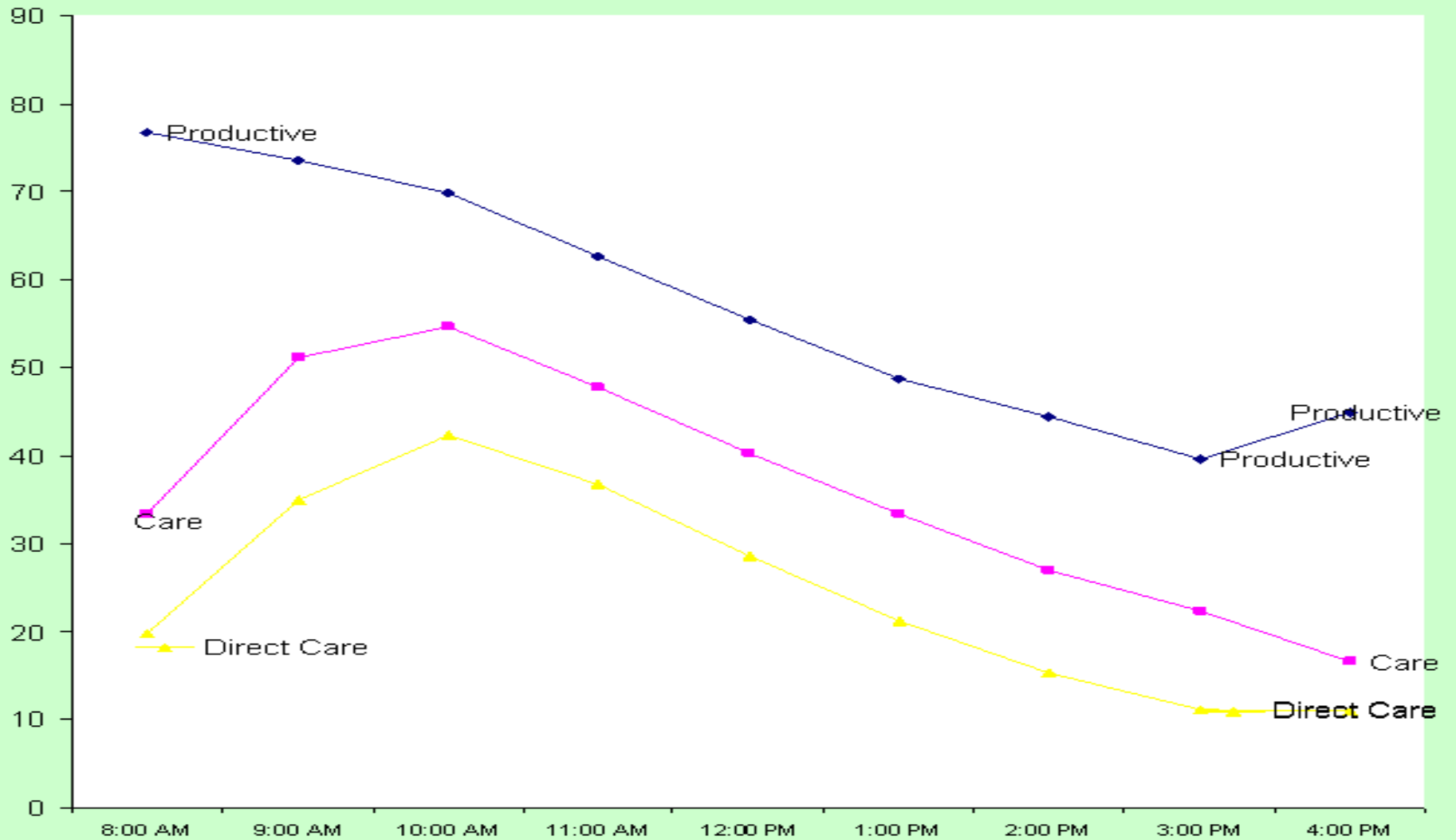
- **Poor distribution of work**

“We have two medical officers here but you hardly find them at all at the hospital; they are always away attending workshops and seminars related to HIV. It’s just too much, they cause a heavy work load for us and sometimes we perform procedures which are strictly for them”. - Clinical officer, Mbeya study, Tanzania, Mbilinyi et al

- **Real shortage – few workers**

- **Perceived workload – always think work is too much**

Productivity



Motivation , motivation , motivation.....

- Complex dynamics- human dynamics
- No one clear one factor (job satisfaction, salaries, other incentives, management, workload, little work.....)
- Changing motivations(time wise) not definite

Know – do- gaps What are the reasons

- Reasons (general):
 - Forget
 - Do not internalise knowledge (importance of partner involvement). Why?
 - Do not understand the evidence. Why should we?
 - Cultural barriers
 - Difficult to get updated (new practices)
 - To put knowledge into practice requires effort and therefore motivation
 - Incentive structures: High per diems select wrong people?

In the E2 program – what role can professionals play ?

- Involving front line professionals in overall program design
- Soliciting professionals ideas /opinions on how to leverage participation
- Discussing with professionals and using their guidance on how to effectively implement our programs

Continued.....

- Using professionals ideas /opinions to design training curriculums
- Using Training of Trainers (professionals training fellow professionals)
- Making use of on job training , involving professionals to understand the current gaps

Continued

- Involving professionals on how to consider motivational /attractive aspects in our programs

Means of involving professionals

- Professionals bodies
- Professionals networks (existing and new)
- Participation of frontline workers in design and conceptualisation of programs
- Through teaching colleges and universities

Take home message

“You have come to do a research about us(health workers) , this is a surprise.

It is always about programs, forgetting that there will be no programs if we (health workers) are not there” a nurse , Mwanza , Tanzania , Mwisongo et al