Challenges Facing the Malawian Health Workforce in the Era of HIV/AIDS

Background

What effect does the increased number of Malawians living with HIV/AIDS have on the public health sector? To address this question, the Commonwealth Regional Health Community Secretariat (CRHCS) and Malawian researchers from the Ministry of Health and Population (MoHP), with support from the U.S. Agency for International Development, Bureau for Africa, undertook an assessment to explore the effects of HIV/AIDS on the health workforce.

Health workers, more than any other workforce, are uniquely affected by HIV/AIDS, as they are constantly confronted by death and illnesses on both a professional and personal level. Anecdotally, Malawian health workers report that they are stretched dangerously thin as they deal with higher patient loads and increasingly complex cases. The HIV/AIDS epidemic has created a particularly challenging environment for managing attrition, absenteeism, workload, training, deployment, and retention. It is difficult to say precisely to what degree HIV/AIDS has impacted the health workforce in terms of attrition, absenteeism, workload, and deployment because we know that many of the "challenges" were inherent in the health system before the advent of HIV/AIDS. This assessment is an attempt to document the effects of HIV/AIDS on the quality, quantity, and deployment of the health workforce in Malawi.

The assessment focused on health workers in the MoHP and the Christian Health Association of Malawi (CHAM) in six districts randomly selected to represent the country.

HIV/AIDS in Malawi and the health workforce

The progress made in improving the health of Malawians has deteriorated as a result of HIV/AIDS. According to UNAIDS, life expectancy in Malawi decreased from 46 years in 1990 to 38 years in 2002. Projected demographic indicators "with" and "without" AIDS in 2010 present a distressing picture. In 2010, life expectancy with AIDS is expected to decrease to 35 years as opposed to 57 without AIDS. Moreover, infant mortality per 1,000 live births will increase to 113, whereas it would have decreased to 88 in the absence of AIDS. Yet, as the disease burden and efforts to scale up HIV/AIDS services increase, health facilities report significant staff vacancies.

Why are health workers leaving?

The health workforce is confronted with major challenges in recruitment, employment, and retention. These challenges are largely attributable to unfavorable policies at both the macroeconomic and the human resource management levels. Each of these levels affects the other; fewer workers are recruited due to a government-wide hiring freeze, resulting in high workloads for remaining workers.

In the six districts surveyed, deaths accounted for almost half of the departures from service. The vast majority of these deaths (80%) were due to HIV/AIDS-related illnesses. Health workers aged 30 to 39 constituted the age group most affected by death.

Resignations and early retirement also accounted for many health workers leaving service. Those who remained within the health sector

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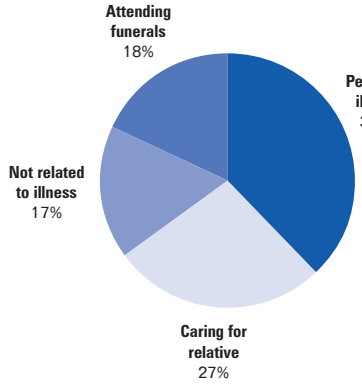
left to work in nongovernmental organizations (41%), private hospitals (35%), and training institutions (24%). Most (68%) left with between two and 10 years of experience.

Health workers interviewed cited poor remuneration, poor working conditions, and poor career prospects as their reasons for leaving.

Why are health workers absent?

On average, facilities reported an absenteeism rate of 25 percent. As reasons for their absences from work, many health workers reported recuperating from personal illness, caring for ill family members, or attending funerals.

Reasons for staff absence from duties over a seven-day period in six selected districts, Malawi



Almost two-thirds of absenteeism was related to illness (38% for personal illness, and 27% for attending to a sick person). Despite the highly stressful job environment, other reasons than illness or funeral attendance accounted for only 17 percent of absenteeism.

Is the workload manageable?

Ninety percent of the health workers interviewed felt that their workloads were increasing, and all reported the HIV/AIDS disease burden as the primary cause. About one-half (51%) also cited staff shortages as a reason for the increased workload. Data reviewed for a randomly selected seven-day period showed that the average bed occupancy rate was 119 percent—in other words, overcapacity—with Lilongwe Central Hospital reporting the highest bed occupancy rate at 162 percent.

In interviews, many health workers revealed that they perceived a high risk of being infected by HIV/AIDS on the job, despite evidence that the risk is actually low. Many said inadequate supplies of protective equipment and high patient loads increased their risk of exposure. This perceived risk contributes to poor performance, attrition, absenteeism, and less motivation to provide HIV/AIDS services.

Is training adequate?

Only about one-quarter of the health workers interviewed had received training related to HIV/AIDS services in preservice settings, although most had received in-service training. In many cases, however, excessive workloads result in health workers not offering HIV/AIDS counseling and other services in which they have been trained.

Conclusion

The Malawian Government and partners can take measures at the human resource management level to redress some of the challenges highlighted. Stakeholders can consider a range of recommendations to remedy some of these challenges (attrition, absenteeism, workload, training, and retention) and their underlying causes (low salaries and benefits, concerns about occupational risk, and occupational stress). Very broadly, these recommendations include: improving remuneration, mitigating occupational stress, increasing knowledge about HIV/AIDS and occupational risks, matching resources with needs better, and reforming staff norms and skills substitution/delegation.

For more the complete report on Challenges Facing the Malawian Health Workforce in the Era of HIV/AIDS, please contact CRHCS, Safari Business Centre, 3rd floor, 46 Boma Road, Arusha, Tanzania; Tel: 255-27-2508362/3; E-mail: info@chrcs.or.tz.