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Supporting the Scale-Up of HIV Care and Treatment through Human Resources for Health Interventions in Côte d'Ivoire

Current Situation

Although Côte d'Ivoire has seen an overall downward trend in HIV prevalence rates over the past decade thanks to more robust and effective HIV/AIDS prevention programming, over 50 percent of adults and children who are HIV-positive have yet to receive antiretroviral therapy, according to UNAIDS estimates.

Inadequate numbers of health workers, as well as their uneven distribution throughout the country, are significant barriers to the scale-up of HIV treatment. Côte d'Ivoire has experienced a marked increase in the number of doctors and nurses in the last decade, but the number of midwives has decreased. Moreover, the country has only 48 percent of the maternal and newborn health workforce it needs.¹ In addition to these challenges facing the existing health workforce, the pre-service training institutions preparing Côte d'Ivoire's next generation of health workers are coping with outdated facilities and curricula.

Key Human Resources for Health Interventions at the National and Institutional Levels

In response to these health workforce issues, USAID's Health Finance & Governance project (HFG) has worked with Côte d'Ivoire's Ministry of Health (MSLS) to plan and implement human resources for health (HRH) interventions at the national and institutional levels. Over the past year, HFG has supported the development of the country's first post-conflict plan to address HRH issues, the HRH National Strategic Plan for 2014-2015. Its aim is to address HRH obstacles to achieving the Millennium Development Goals (MDGs), especially the three goals on reducing child mortality, improving maternal health, and combatting HIV/AIDS. Moreover, looking ahead to the post-2015 development agenda, and the possibility of a health goal related to universal health coverage, the national plan aims to improve the production, capacities, and competencies of midwives and nurses across the country.



Photo Credit: Allet Assi | HRH union representatives discuss the health sector reform in Côte d'Ivoire.

¹ UNFPA, The State of the World's Midwifery 2014: A Universal Pathway. A Woman's Right to Health (2014), 88.

About HFG

A flagship project of USAID's Office of Health Systems, the Health Finance and Governance (HFG) Project supports its partners in low- and middle-income countries to strengthen the health finance and governance functions of their health systems, expanding access to life-saving health services. The HFG project is a five-year (2012-2017), \$209 million global health project. The project builds on the achievements of the Health Systems 20/20 project.

To learn more, please visit www.hfgproject.org.

The HFG project is led by Abt Associates in collaboration with Broad Branch Associates, Development Alternatives Inc., Futures Institute, Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

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The national HRH plan also includes activities to address health worker retention, distribution, and quality of care issues. For example, one policy calls for creating new branches of the public nursing school (INFAS) in certain strategic regions of the country, including Bouaké and Korhogo in the north, to increase the number of nurses. According to the World Health Organization, there is some evidence that students recruited and trained from rural areas are more likely to commit to practicing in those areas.² The establishment of regional training institute branches in the north will be vital to expanding access to quality HIV programming, especially given the rise in HIV prevalence rates in that part of the country, where prevalence has increased significantly, from 1.7 percent to 2.3 percent over the past decade.³

In its support to national health reform in performance-based management, HFG is also working with the MSLS to update job descriptions and competencies at the primary and secondary care levels of the health system. These positions include donor-funded HIV/AIDS health workers planned for integration into the national health workforce, such as monitoring and evaluation assistants, data managers, and community health workers. This work is a critical step in building a sustainable, country-led response to the HIV epidemic.

At the institutional level, HFG is working with the MSLS's department of human resources to evaluate the management and organizational capacities of the country's public nursing school. Understanding the strengths and challenges of the school, including its regional branches, will help HFG shed light on potential areas of improvement. By strengthening the quality and capacities of nursing training institutions throughout Côte d'Ivoire with a particular focus on training nurses to serve hard-to-reach populations, health personnel will have a more expansive and effective impact on the quality of HIV/AIDS treatment and care.

Next Steps

At the national level, HFG will work closely with the MSLS and other partners to monitor implementation of the national HRH plan over the next two years, and support the development of the next major HRH planning exercise for 2016-2020. HFG will also help the MSLS pilot the new job descriptions and competencies in Yamoussoukro; the results of this pilot will support negotiations between the MSLS and the Ministry of Finance in expanding the health workforce. In relation to this capacity-building work, HFG is exploring support for the development and implementation of task-shifting policies for nurses and midwives to expand access to HIV/AIDS services. Finally, HFG will soon finish its analysis and recommendations from the nursing school organizational capacity assessment in partnership with the MSLS, and work with partners to develop a capacity-building and resource mobilization plan.

² World Health Organization, Increasing access to health workers in remote and rural areas through improved retention: Global policy recommendations (2010).

³ PEPFAR. N.d. Côte d'Ivoire Operational Plan Report FY 2013, 3.