

WHO PRESS RELEASE**Global health leaders convene to tackle HIV/AIDS and health worker crises**

8 JANUARY 2008 | ADDIS ABABA, ETHIOPIA -- National health ministers, public health leaders and HIV/AIDS experts convene today at the first-ever international conference on task shifting to scale up access to HIV/AIDS treatment and, at the same time, expand the global health workforce. Task shifting is a process whereby tasks are moved to less specialized health workers to free up the time of doctors and nurses, rapidly expanding the number of health workers and making more efficient use of current human resources in the face of severe shortages. The conference is hosted by the government of Ethiopia and co-sponsored by the World Health Organization (WHO), United States President's Emergency Plan for AIDS (PEPFAR) and UNAIDS.

“Task shifting not only addresses the two interlinked emergencies of the health worker crisis and the HIV/AIDS pandemic, but also offers long-term potential for strengthening health systems in a way that is consistent with the current renaissance in primary health-care services,” said Dr Anders Nordström, WHO Assistant Director General, Health Systems and Services. The conference opened with the presentation of new WHO guidelines to assist countries to implement task shifting.

At least 57 countries – most of them in Africa – are facing crippling health worker shortages. WHO estimates that more than four million additional health workers are needed to fill the gap globally.

Task shifting maximizes the role of primary community-led health care, delivered closer to patients by an integrated team of health care professionals. “Doctors and nurses are essential but countries cannot afford to wait years while they complete their training,” said Dr Nordström. Training a new community health worker, for example, takes between a few months and a year depending on the competencies required. This contrasts with three or four years of training required for a nurse to fully qualify, and up to eight years for a doctor.

The new guidelines have been developed by WHO in collaboration with the United States President's Emergency Plan for AIDS (PEPFAR) and UNAIDS. They are part of a larger WHO-led initiative called “Treat, Train and Retain” that is focused on increasing access to HIV/AIDS treatment and care.

“A major strength in the development of the guidelines is the broad partnership, including public health, political and professional interests, that has gone into the process,” said Dr Thomas Kenyon, PEPFAR Principal Deputy Coordinator and Chief Medical Officer. “Country ownership, with the support of international and bilateral agencies, is vital to task shifting being accepted, effective and sustainable.”

The guidelines are the result of 18 months of consultation involving 167 top public health and HIV/AIDS experts, and are based on evidence from experience and detailed programme evaluations in countries where task shifting is already being implemented.

“What is important is that these guidelines build on what is already in place with an aim to ensuring quality of care, better motivating and retaining health workers, and rapidly expanding care and treatment to the poorest in a safe, efficient and effective way,” said Michel Sidibe, UNAIDS Deputy Executive Director.

Over the past few years, a number of countries, including Ethiopia, Haiti, Malawi and Uganda, have made progress implementing the task shifting approach. Ethiopia, for example, created new health worker cadres and accelerated pre-service training of a number of cadres.

More than 350 participants, including Ministers of Health, representatives of UN agencies, health professional associations, non-governmental organizations, bilateral donors and people living with HIV/AIDS will discuss during the three-day conference what is needed to implement the new guidelines, as well as share experience and data.

The guidelines are effective immediately and are available at:
http://www.who.int/healthsystems/task_shifting/en/index.html

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