The Human and Financial Resource Requirements for Scaling Up HIV/AIDS Services in Ethiopia

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Mission

Partners for Health Reformplus is USAID’s flagship project for health policy and health system strengthening in developing and transitional countries. The five-year project (2000-2005) builds on the predecessor Partnerships for Health Reform Project, continuing PHR’s focus on health policy, financing, and organization, with new emphasis on community participation, infectious disease surveillance, and information systems that support the management and delivery of appropriate health services. PHRplus will focus on the following results:

- Implementation of appropriate health system reform.
- Generation of new financing for health care, as well as more effective use of existing funds.
- Design and implementation of health information systems for disease surveillance.
- Delivery of quality services by health workers.
- Availability and appropriate use of health commodities.

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Ethiopia is currently one of the countries most seriously affected by HIV/AIDS, with the sixth highest number of infections in the world. To combat this epidemic, the government of Ethiopia has launched a national HIV/AIDS program focused on decreasing the vulnerability of individuals and communities to the disease, providing care and support for people living with HIV/AIDS, and reducing the adverse socioeconomic consequences of the epidemic.

As the country scales up HIV/AIDS services, increased attention is focused on identifying constraints to program expansion. One of the most important constraints is that of human resources, though this issue has received little attention nationally.

Recent data suggest that Ethiopia is facing a critical shortage of human resources to deliver even basic health services. In 1999, the physician to population ratio in Ethiopia was 1:48,000, one of the lowest in the world. The current (2003) ratio of 1:34,000 is still more than five times lower than the sub-Saharan Africa average and that of nurses (1:4,900) is more than four times lower. It is envisioned that significant numbers of health care personnel will be needed to provide antiretroviral treatment and other AIDS-related medical services since more than half of all hospital beds are occupied by AIDS patients. It is vital to point out that expanding HIV/AIDS services and shifting resources towards achieving HIV/AIDS targets may have unintended effects on other essential programs such as malaria, immunization, and maternal and child health.

Developing and implementing comprehensive capacity-development measures are not likely to be accomplished cheaply. Yet, this expansion of human capacity will be critical if the goals of the President’s Emergency Plan for AIDS Relief, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health Organization’s 3 by 5 Initiative, and Millennium Development Goals are to be achieved.