

Down to work

Addressing the health worker crisis is key to tackling malaria in developing countries, says **Michelle Davis**

Uganda, like many countries in Africa, is facing a severe health worker crisis. The number of trained medical staff in the country dealing with child mortality from illnesses such as malaria, pneumonia and diarrhoea is well below the sub-Saharan African average. Great progress has been made in tackling malaria over the last decade, but the goal of reducing child mortality in malaria-endemic countries continues to face many challenges, with a severe shortage of health workers among the most pressing.

Despite the introduction in May 2010 of a World Health Organisation global code of practice on the international recruitment of health personnel, the migration of skilled health workers from low income countries to Europe and the United States continues, undermining efforts to strengthen health systems in sub-Saharan Africa. Persistent under-investment by African governments in the national health sector only exacerbates the problem. In Uganda, where malaria accounts for between 70,000 and 100,000 deaths a year, the shortage of health workers is acute, with around half having only three months training. As a result, the health sector in Uganda is under severe strain, with child mortality rates declining very slowly.

Since 2006, community health workers, called village health team members (VHTs) in Uganda have been working to plug the gap to provide health promotion and education within their communities. More recently, some VHTs have also been trained to diagnose and treat the three main childhood diseases – diarrhoea, pneumonia and malaria. Selected by their community, VHTs are also taught to monitor medicines that are in stock as well as refer more severely sick children to the nearest health centre.

As a result of the slow decline in child mortality, in 2011 the government of Uganda adopted integrated community case management (ICCM) into their national plan to increase the number of health workers through training in assessing, classifying and treating diarrhoea, pneumonia and malaria. Since then, the government, with support from the Malaria Consortium and other partners, has trained over 7000 VHTs.

Karin Källander, the Malaria Consortium's regional pro-

gramme coordinator in Kampala explains, "The overall aim of this strategy is to improve access to treatment for infections that can kill children within 24 hours of symptom onset. The VHTs are also taught how to refer more severely sick children. This referral is very important to keep the VHTs linked to the formal health system."

Both ICCM strategies and community health workers are starting to have an impact on healthcare provision in Uganda, but ongoing support is critical for programmes like these to work, such as retention schemes, supervision, reliable supplies of medicines and functional and equipped health facilities for referrals.

"The use of volunteers delivering curative care for killer diseases is an interim strategy in the absence of a functioning health system, however," Källander adds. "Ultimately, the goal is for sick children to receive care from a qualified health provider."

As the EU debates its budget, it is critical for countries like Uganda that funding earmarked for development cooperation is sustained. In the long term, recipients of EU aid will manage to build resilient systems independent of financial support if investment is made now to strengthen capacity and increase the number of health workers, creating credible opportunities for low-income countries to plan for the future. ★



Ugandan health worker Solomon Spaya takes a blood sample to test for malaria

Michelle Davis is communications manager at the Malaria Consortium

Malaria Consortium/Tine Frank