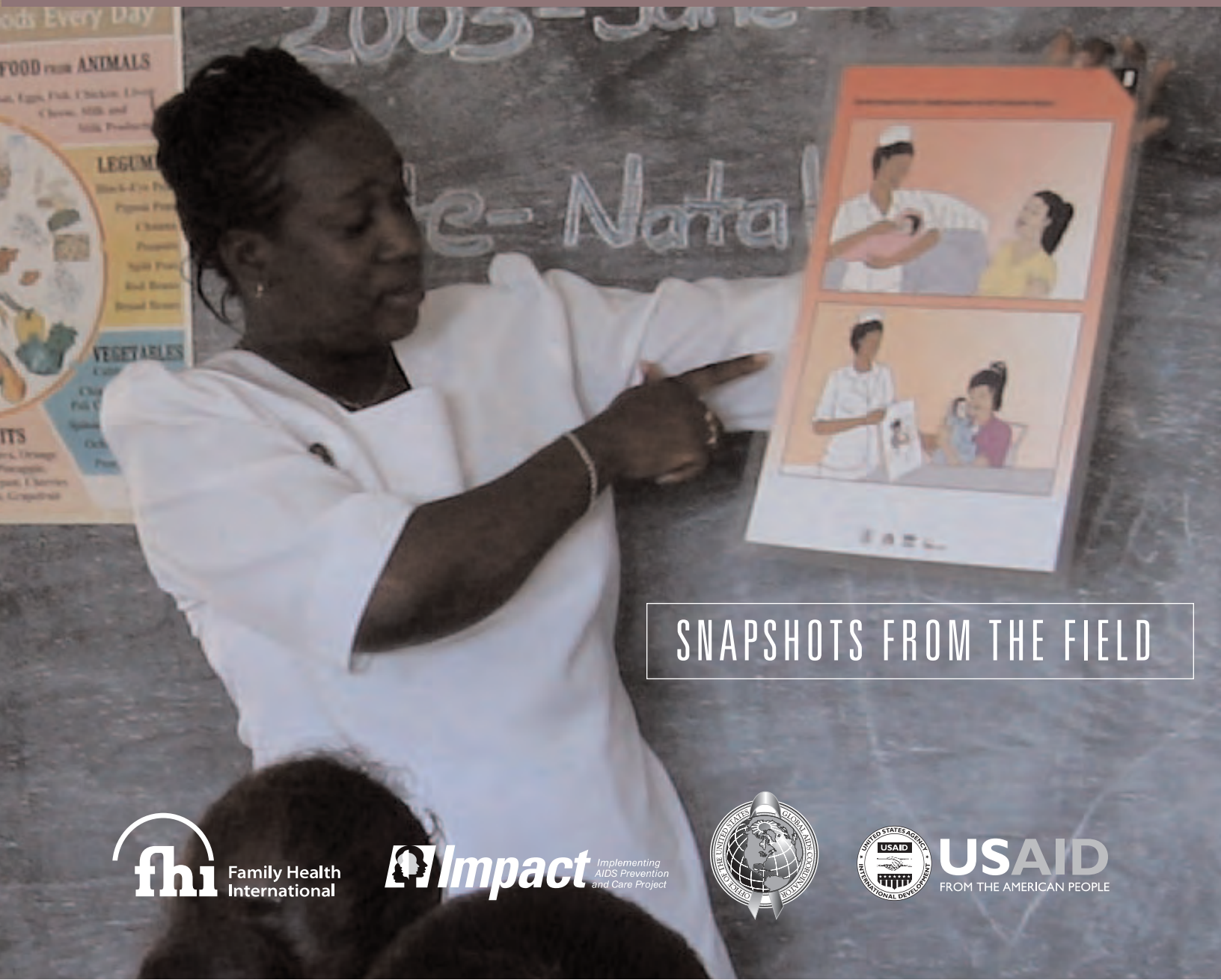


# ADDRESSING HEALTH WORKER SHORTAGES:

## RECRUITING RETIRED NURSES TO REDUCE MOTHER-TO-CHILD TRANSMISSION IN GUYANA

Rachael Morgan



SNAPSHOTS FROM THE FIELD



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Cover photo: A health worker discusses preventing mother-to-child transmission of HIV with pregnant women attending the antenatal clinic at the David Rose Health Centre in Georgetown, Guyana. Photo: FHI

**D**oreen Peters worked as a practical nurse/midwife at the Dorothy Bailey Health Center in Guyana for 31 years before she was required to retire at the age of 55. Peters says she was bored and restless and was considering emigrating when she saw a newspaper ad for health staff to support a project to reduce mother-to-child HIV transmission. She reports that she is now back in a job she loves and is helping people she cares about. “The beauty of this job is that I meet people. One must have a love for people to do this job, and I do.”

Each year, skilled health workers in developing countries are recruited away by developed countries through a practice known as “brain drain.” As the AIDS epidemic increases the need for health workers, brain drain is undermining some developing countries’ efforts to provide quality HIV/AIDS prevention and treatment services.

“Some may leave the jobs as salaries are not enough to sustain them and their families,” explains Andrea Rohlehr-McAdam, a program officer for the Guyana HIV/AIDS Reduction and Prevention Project (GHARP). “The nurses are often offered lucrative salaries and benefits [by overseas scouts] compared to Guyana, so we lose a steady number of nurses every year to other countries.”

GHARP is combating brain drain by offering retired government health workers like Peters who might otherwise emigrate an opportunity to prevent mother-to-child transmission of HIV in Guyana.



*Doreen Peters*

Photo: FHI

## PREVENTING MOTHER-TO-CHILD TRANSMISSION IN GUYANA

Funded by the President’s Emergency Plan for AIDS Relief through the U.S. Agency for International Development (USAID), GHARP is a four-year initiative to help the government of Guyana expand its response to the AIDS epidemic. GHARP is implemented by Family Health International (FHI).

As part of GHARP’s comprehensive approach, the project is working to reduce mother-to-child transmission of HIV in Guyana by at least 50 percent by 2008. To achieve this goal, GHARP has integrated prevention of mother-to-child transmission (PMTCT) services into antenatal services in health centers and hospitals. These PMTCT services include counseling pregnant women about mother-to-child transmission, providing HIV tests to women who want them, and providing the antiretroviral drug nevirapine to HIV-positive women before delivery and to their infants after birth to cut transmission rates. HIV testing is offered to pregnant women as a standard part

of antenatal care, although women must give informed consent and can choose not to be tested. At the beginning of 2005, FHI was supporting 36 PMTCT sites in antenatal clinics in health centers and hospitals throughout Guyana.



*Nurses display PMTCT training materials.*

Photo: FHI

In 2004, the Emergency Plan awarded GHARP funds to expand PMTCT services into the labor and delivery wards of Guyana's five major hospitals, where 80–90 percent of all deliveries occur. This expansion provides an opportunity to reach the estimated 10–20 percent of pregnant women missed by antenatal PMTCT services.

Under the labor and delivery program, women who come to the hospital in labor who have not received antenatal PMTCT counseling are offered HIV counseling and rapid testing. If a woman tests positive, she is offered a single dose of nevirapine to reduce the risk of transmitting the virus to her baby, and her infant receives a dose of nevirapine within 72 hours of delivery. This regimen reduced mother-to-child transmission by 47 percent in a study in Uganda.

Women who arrive at the hospital in too advanced a stage of labor to receive nevirapine are nonetheless offered HIV testing since their babies can still receive the pediatric dose. After delivery, HIV-positive women also receive counseling on infant feeding and are offered supplies of baby formula to reduce the risk of transmitting the virus through breast milk.

## EXPANDING SERVICES IN THE FACE OF HEALTH WORKER SHORTAGES

While assessing the five labor wards where PMTCT services would be added, staff from GHARP and Guyana's Ministry of Health (MOH) determined that the nurses in these wards were already working at full capacity and could not take on new PMTCT responsibilities. GHARP and the MOH agreed that additional social workers and counselors were needed, as was a new position, that of the counselor/tester. Counselor/testers would be trained to provide pre-and post-test counseling, perform rapid HIV tests and read their results, and give test results to clients. FHI agreed to hire and pay the additional staff, who would operate as government employees supervised by the MOH.



When GHARP set out to recruit these new service providers, it faced a dilemma. Due to the limited supply of health workers in Guyana, the project needed to avoid recruiting health care providers already working for the MOH. Hiring existing health workers away from their jobs would simply reshuffle the distribution of health workers, rather than add new ones.

“Yes, there is a shortage of human resources, and we recognize that, but that should not stop us from tackling the disease,” says Kwame Asiedu, Country Director for FHI/Guyana and Chief of Party for GHARP. “One has to be innovative, creative and committed to find ways to overcome any obstacle.”

To address the problem, GHARP staff decided to recruit retired nurses to fill the positions. Drawing on the pool of retired health workers is an especially good option in Guyana. While the average retirement age for civil servants in Caribbean countries is 60, the Guyanese government requires its civil servants, including nurses and other health workers, to retire at age 55. This early retirement age, a remnant from Guyana’s colonial past, remains in place help reduce the number of Guyana’s civil servants to meet World Bank restructuring requirements. While the Guyanese government is in the process of raising the retirement age to 60, many experienced, productive individuals must retire at a young age under the current rules. This is a group for whom emigrating to work in a developed country is enticing.

GHARP staff hoped to draw recent retirees by providing them with a way to return to work without leaving Guyana and with an opportunity to help address HIV in their own country. GHARP placed ads in three daily newspapers: the *Guyana Chronicle*, the *Stabroek News* and the *Kaieteur News*. The ads clearly stated “Applications will be entertained from retired nurses for the positions of Counselors, Counselor/Testers and Social Workers.”

GHARP received 495 applications for 61 positions; about half of them came from health care providers who had retired at 55 and had previous PMTCT training. The other applicants included recent social work graduates and workers from nongovernmental organizations. Registered nurses hired to fill these positions are paid a nurse’s salary, which is higher than a counselor or social worker’s salary.

“We were told that we wouldn’t be able to get people for the positions, but we have proven the doubters wrong. With ingenuity, creativity and perseverance, we found this untapped human resource,” explains Asiedu.

Once hired, the new PMTCT workers were given training to supplement and update their knowledge. Counselor/testers participated in a 15-day phlebotomy course, a three-day rapid test training and a six-day PMTCT/labor and delivery course. Counselors received five days of PMTCT training, and social workers participated in a six-day PMTCT and social work training.

Initially, the new PMTCT staff faced some resentment. Because they are contract workers and not government employees, the PMTCT staff do not pay into the government pension or other

benefits plans. As a result, they take home slightly higher paychecks than government health workers, leading to the belief that the new staff were receiving higher base salaries. After the MOH stepped in and clarified this misperception, acceptance of the PMTCT workers increased.

In addition to their duties in antenatal clinics and delivery wards, the PMTCT health workers have taken an active role in caring for clients outside of the clinical setting. Many make follow-up home visits to PMTCT clients and help HIV-positive women form mother-to-mother support groups.

## FILLING OTHER GAPS IN HIV CARE

Many health centers, especially those in less populated rural areas, only hold antenatal clinics two days per week. As a result, the newly hired PMTCT staff at these sites either found themselves with no work during part of the week or having to shuttle between different clinics each day. Neither approach was very efficient.



*PMTCT workers attending a training in Essequibo, Guyana.*

Photo: FHI

To make better use of the PMTCT workers' time, FHI has begun teaching them broader counseling skills and giving rapid test training to those who have not had it. This additional training will transform all of the PMTCT workers into counselor/testers capable of providing voluntary counseling and testing services to all clients who want them, not just to pregnant women. This will allow the PMTCT workers to stay at the same health center all week and provide services during general clinic days.

## THE IMPACT OF PMTCT

The successes of GHARP's PMTCT initiatives have garnered the notice of Ambassador Randall Tobias, the U.S. Global AIDS Coordinator. At the 2004 International AIDS Conference in Bangkok, Tobias told the story of a young woman named Brenda who was treated at a GHARP PMTCT site. Brenda, pregnant with her second child, received voluntary counseling and testing at an antenatal clinic and learned that she is HIV-positive. Brenda received further counseling at the clinic, and she and her newborn received antiretroviral prophylaxis to prevent mother-to-child transmission. Today, her baby is HIV free, and Brenda is a community educator for the Network of People Living with HIV/AIDS in Guyana.