

# Challenges Facing the Kenyan Health Workforce In the Era of HIV/AIDS

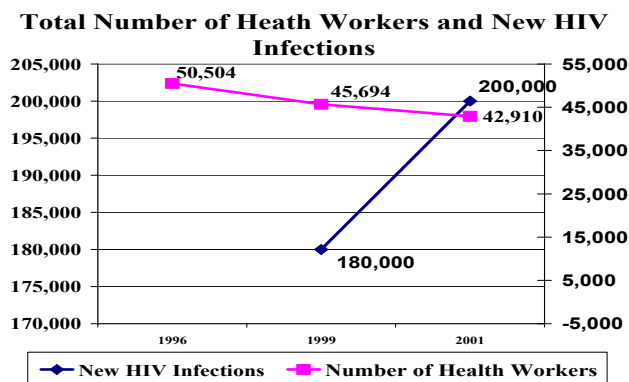


**Background:** What effect does the increased number of Kenyans living with HIV/AIDS have on the health sector? To address this question, the Commonwealth Regional Health Secretariat (CRHCS) and Kenyan researchers from the MOH, with support from the USAID/Bureau for Africa, undertook an assessment to explore the effects of HIV/AIDS on the health workforce.

Health workers, more than any other workforce, are uniquely affected by HIV/AIDS, as they are constantly confronted by death and illnesses on both a professional and personal level. Anecdotally, Kenyan health workers report that they are stretched dangerously thin as they deal with higher patient loads and increasingly complex cases. The HIV/AIDS epidemic has created a particularly challenging environment for managing attrition, absenteeism, workload, training, deployment, and retention. It is difficult to say precisely to what degree HIV/AIDS has impacted the health workforce in terms of attrition, absenteeism, workload, and deployment since we know that many of these “challenges” were inherent in the health system before the advent of HIV/AIDS. This assessment is an attempt to document the effects of HIV/AIDS on the quality, quantity and deployment of the health workforce in Kenya.

**HIV/AIDS in Kenya & the Health Workforce:** Kenya had steadily made improvements in health. However, in the last ten years the health status of Kenyans has suffered major setbacks that include; i) a decline in life expectancy from 60 years in 1990 to 46 years in 2002, and ii) an increase in the child mortality rate from 89 in 1989 to 114 in 2003.

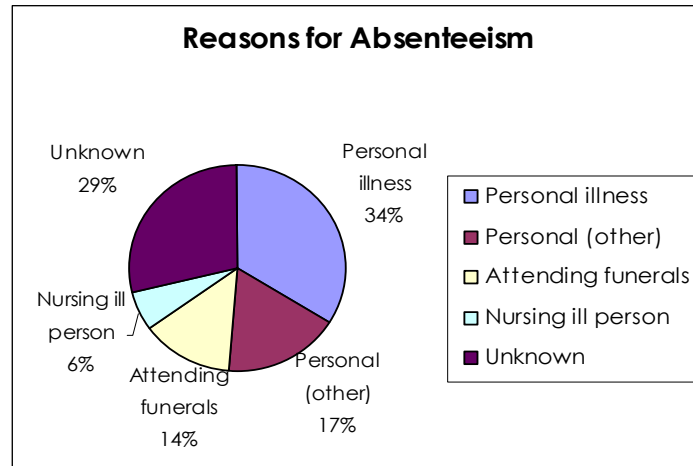
Assuming a similar prevalence of HIV/AIDS among the health workers as the general population (13.5%), it is estimated that in 2001, approximately 5,800 public sector health workers were infected with HIV/AIDS. While the number of new HIV infections increases, the total number in the health workforce is decreasing and this causes considerable strain on an already overtaxed health care system.



**Why are Health Workers leaving?** The health workforce is confronted with major challenges in recruitment, employment and retention. These challenges are largely attributable to unfavorable policies at both the macro-economic and the human resource management levels. Each of these levels affects the other; fewer workers are recruited due to a government-wide hiring freeze, resulting in high workloads for remaining workers. Compounding the adverse consequences of these policies, health workers are taking more time off work to care for others and attend funerals.

The health workers interviewed cited the following underlying reasons for attrition (considered “pull” factors); i) poor working conditions & lack of supplies, ii) poor remuneration, iii) fear of HIV infection and related opportunistic infections, iv) increase in workloads due to HIV/AIDS, and v) occupational stress.

**Why are Health Workers absent?** As reasons for their absences from work, many health workers reported that they spent a considerable amount of time ill, caring for ill family members, or attending funerals.



Forty per cent of absenteeism was related to illness (34 % for personal illness and 6% for attending to a sick person). Despite the highly stressful job environment, “personal reasons” accounted for only 17 percent of absenteeism.

Kenyan health workers cited the need for support in terms of dealing with the increased number of deaths, grief due to losing family and friends from AIDS, and general fatigue due to work demands. Health workers cited the importance of having access to counseling and psychosocial support to deal with the increased number of deaths.

**Is training adequate?** In general, training seems to be adequately matched with actual service provision. However, some disconnects exist; for example, in the area of blood safety for lab technicians; only 211 were trained in blood safety though 660 were actually providing the service. As HIV/AIDS services are scaled up, it is critical to ensure the appropriate health cadres are receiving training.

**Conclusion:** The Kenyan Government and partners can take measures at the human resource management level to redress some of the challenges highlighted. There are a range of recommendations that stakeholders can consider to remedy some of these challenges (attrition, absenteeism, workload, training and retention) and their underlying causes (low salaries and benefits, concerns about occupational risk, and occupational stress). Very broadly, these recommendations include; improving remuneration, mitigating occupational stress, increasing knowledge about HIV/AIDS and occupational risks, better matching of resources with needs, and reform of staff norms and skills substitution/delegation.

For the complete report on **Challenges Facing the Kenyan Health Workforce in the Era of HIV/AIDS**, please contact CRHCS, Safari Business Centre, 3<sup>rd</sup> floor, 46 Boma Road, Arusha, Tanzania, Tel: 255-27-2508362/3, e-mail: [info@chrccs.or.tz](mailto:info@chrccs.or.tz)