Health care worker HIV crisis

The *SAMJ* has previously carried a disconcerting message about the high prevalence of HIV/AIDS among health care workers in South Africa (2004; 98: 846-850). This has been strongly reinforced by a paper by Connelly and colleagues in this issue (p. 115). In an accompanying editorial (p. 108), Olive Shisana, head of the Human Sciences Research Council and a former Director General in the National Department of Health, analyses the importance of the findings and provides powerful suggestions of how we should approach this serious problem.

The widespread rollout of treatment for HIV/AIDS in the developing world has brought into stark relief the shortage of trained health care workers available to implement interventions and mount successful public health campaigns. HIV/AIDS in the health care workforce challenges the success of both general and AIDS-related health care investments by reducing the productivity of HIV-positive health care workers, increasing labour turnover, diminishing the average level of work experience, and driving up costs for public sector health budgets.

The prevalence of HIV infection among public hospital employees was estimated to be nearly similar to that in the adult population as a whole – about 16%. A particularly disconcerting finding by Connelly *et al*. is the high prevalence of HIV infection among nursing students. Another major observation of their study pertains to the large percentage of health workers with CD4 counts < 200 cells/µl (18.9%), and as such eligible for antiretroviral treatment.

Given that the current yearly production of nurses is 1 896 and that in one year alone an estimated 2 745 are succumbing to AIDS, it is clear that the supply is not meeting the demand. This is even before we consider the question of emigration of nurses, or their exit to other professions. In reviewing the national human resources plan for health there is not a single reference to HIV/AIDS!

It is recommended that the DOH view these findings as an emergency and act accordingly by: (*i*) taking the impact of HIV/AIDS into account when planning human health resources; (*ii*) immediately designing a targeted national programme to prevent new infections among health workers; (*iii*) establishing a clinic at each hospital nationwide to offer counselling, testing of HIV status and ART to those health workers whose CD4 count is under 350 cells/µl; (*iv*) ensuring that none of these workers are deployed in the tuberculosis wards to prevent them from contracting TB, including extreme drug-resistant TB, because they could be in serious danger and could also endanger the lives of patients; (*v*) instituting mass mobilisation for testing and the determination of eligibility for enrolment in treatment regimens; and (*vi*) dramatically increasing ART coverage to reduce premature AIDS deaths.

A tale of two clinics

Qualitative differences occur in all human endeavours, and health care clinics are no exception. Couper and colleagues (p. 124) report on their study of two different primary care clinics, a government and an NGO clinic, serving the same community.

In the NGO clinic, the picture is that of a well-functioning service appreciated by the patients and enjoyed by the staff, facilitated by effective experienced management.

Studies have repeatedly shown that there are serious problems with services, including nurses' attitudes, in the public sector. This study showed that there was appreciation and satisfaction with essential services rendered. But there was significant evidence of dissatisfaction about the shortage of medicines and staff attitudes towards patients. The notion that the patient-health worker relationship mirrors the health worker-manager relationship is supported by this study; the staff in the public sector clinic do not feel respected and treated with dignity by managers, which impacts on how they behave towards their patients.

The study suggests that to improve efficiency of public clinics, qualitative issues, including organisational culture, management style, staff attitudes and patient satisfaction, need attention rather than large-scale adjustment of staffing levels, as has been suggested. The difference appears to be the result of an organisational culture of local decision-making, empowerment of staff and caring leadership.

HIV and high prevalence of abnormal Pap smears

Carcinoma of the cervix is the commonest genital malignancy afflicting women in the developing world. A estimated 190 000 women die each year as result of cervical cancer, with 80% of these deaths occurring in the developing world.

A high prevalence of abnormal Pap smears among young sexually active women co-infected with HIV in rural South Africa is reported by Gaym and colleagues (p. 120). They found that almost all high-grade squamous intra-epithelial lesions (HGSILs) occurred among HIV-infected women, suggesting a strong association between HIV infection and cytological changes. Management of HGSILs requires immediate follow-up with colposcopy-directed biopsy. Abstinence and/or use of male condoms during coitus while the cervix heals is important to reduce both the risk of HIV transmission and exposure to HIV.

Much of the recent increase in the proportion of adenocarcinoma of the cervix compared with squamous cell carcinoma is attributed to the high incidence of adenocarcinoma of the cervix in women in their 20s and 30s.

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