

**“Workshop on Human Resource Planning
for HIV AIDS”**

Opening Remarks

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Dr Gado Tshering, Secretary, Ministry of Health, Royal Government of Bhutan; Dr Suwit Wibulpolprasert, Senior Adviser, Ministry of Public Health, Thailand; distinguished participants; honorable guests; ladies and gentlemen:

It is indeed an honor for me to be at the opening of this workshop. I thank the organizers for the invitation. On behalf of WHO, I warmly welcome you all to the workshop and I thank you all for sparing your valuable time to come to attend the meeting.

Human resource in the context of a national HIV/AIDS programme is a broad subject. This is especially when HIV/AIDS is considered to be not only a health, but also a social and economic problem. And in particular, when health is not only an issue of a physical but also mental and social well-being. HIV/AIDS considerably affects mental and social well-being because of the nature of the disease. The National HIV/AIDS programmes need to be “multisectoral” and “multidisciplinary”; involving a wide range of players and stakeholders in its prevention and control.

An understanding of various dimensions of the disease has to be used as the basis for the development of human resource in the context of national HIV/AIDS programmes. For effective prevention and control of HIV/AIDS, competent planners and administrators are required to undertake effective programme development and management. The HIV/AIDS programme needs capable professionals and specialists to pursue research, training, and supervision. And very importantly, the

programme needs well-trained staff with the required skills to deliver quality services to HIV/AIDS affected people.

The delivery of HIV/AIDS services involve providers beyond health-care workers. The service providers for HIV/AIDS also include social workers and several others working in the community. The programme needs staff and volunteers who can render any required assistance as needed by the HIV/AIDS affected persons. On the other hand and to a large extent, HIV/AIDS service-providers themselves also become the victims of the disease. They too need professional help and care. While providing services for HIV/AIDS, the providers also need to know how to protect themselves from the infection.

All who are involved in planning management and delivery systems to the population at risk, and to the already affected persons are considered the human resource in the context of the national HIV/AIDS programme. To be effective in their involvement in service delivery, service-providers need appropriate education and training. The content of such education and training should no doubt include knowledge and evidence on the natural history of the disease; and not less important, such content should encompass its sociocultural, economic, and political dimensions.

Human resource development within the context of the national HIV/AIDS programme, in a way, has its own distinct features. However, services of the programme should be integratedly incorporated into the general health-care services and into other social services. In this particular exercise, I hope that we would not be going to create a new category of workers who can serve exclusively only HIV/AIDS-affected persons. Services for HIV/AIDS-affected people should be a function of all general health-care and social service-providers.

Let me also touch on certain aspects of HIV/AIDS which may be useful in the development of human resources within the context of the national HIV/AIDS programme. These are not new to any one of us. but I would like to mention them because I think they are important for such development of human resource.

Let me touch on the social dimension of HIV/AIDS which is very strong indeed; the aspects of social stigma and discrimination. These also link to the natural history or epidemiology of the disease. We know that incubation period of the disease takes time; and AIDS cases come insidiously, not in any acute or sudden development. This situation allows time for the affected persons to go under-ground and hide themselves from society. Therefore, it is very difficult to estimate accurately the number of HIV-infected people in the population.

We do not really know exactly how many people affected with HIV/AIDS are there in the community. Therefore, it is very difficult to get every affected person to come for treatment and care. Attempts have always been made to estimate the number of the HIV-infected by various methods; and we know something about the estimates. However, this may be only tip of an iceberg; much about the HIV/AIDS-affected population may still be unknown. This unknown is not only in terms of the actual number of the infected, but also in terms of the social and economic dimensions of the disease. While they are underground and hiding, the HIV-infected persons also spread the dangerous virus to other people. Due to social stigma, the people who are exposed to HIV risks are afraid to come out for counselling and blood tests. Therefore, they do not even know that they themselves have become infected with the virus and they may not also know that they are spreading the virus to other people.

This situation is serious indeed in terms of prevention and control of HIV/AIDS among the community and in the population. The situation effectively prevents us from reaching the unreached; even in the urban or the upper social classes. Social stigma and discrimination create psychosocial barriers between the infected and the service-providers that are very difficult to overcome. The social dimension of HIV/AIDS really needs more attention of the national programmes.

One other aspect also relates to treatment. With advancement in pharmaceutical sciences, the industry can produce more effective drugs for treating HIV/AIDS. HIV infected persons can now live longer and longer. One day in the future, HIV infection may become something like a chronic disease with which affected people may be able to live a longer life under extensive treatment. The infected person, to a certain extent, may be able to pursue a reasonably happy life

and socially and economically productive life. Only, the HIV-infected persons must be freely accessible to the effective drugs, which should be made universally available at affordable cost.

This technology advancement may significantly change the epidemiology profile of HIV/AIDS in future; and the paradigm for HIV/AIDS treatment and care may not be the same. Whatever and however the situation is, the national HIV/AIDS programmes should always place its emphasis on prevention. While the vaccine is not available, education to go along with other preventive measures should be the overriding priority in the national HIV/AIDS programme. This is to help reduce the disease burden and ensure a long-term sustainability of the programme's achievements. However, we have to keep in mind that the ultimate impact of education is a long-term goal.

HIV/AIDS will continue to be a grave concern globally, and for how long we do not exactly know. It will continue to be a global public health problem with high priority. All of us know well that HIV/AIDS is a great health threat for people in the SEA Region, and in the world. I am sure this exact magnitude of the problem in countries of the South-East Asia Region are still not really clear. Therefore, preventive education should be the key regional strategy for HIV/AIDS control in the long term. The development of human resources in the context of a national HIV/AIDS programme is indeed relevant to our public health needs today in our fight against this scourge. Only with an efficient and effective workforce will we be able to bring HIV/AIDS successfully under control in the Region.

I congratulate the participants for taking their valuable time to attend this important workshop. I hope the workshop would be very useful to them all. I sincerely thank the Royal Government of Bhutan for agreeing to host this meeting. I am sure the participants enjoy the beautiful mountainous scenery and peaceful solitude of the country. I wish the meeting all the very best and all success. I also wish the participants productive deliberations; and a fruitful outcome that will be derived from their common wisdom. And finally I wish all participants an enjoyable stay in this tranquil city of Paro.