**RE-THINKING HUMAN RESOURCE FOR HEALTH AND THE NEED FOR INTEGRATION OF UNSKILLED BIRTH ATTENDANTS FOR INCREASED PMTCT UPTAKE: PRELIMINARY EVIDENCE FROM NIGERIA**

**Abstract**

**Ms. Iboro Nelson**, Ph.D Candidate

Department of Economics

University of Uyo, P. O. Box 923

Uyo, Akwa Ibom State, Nigeria

E-mail: [jesusiboro@yahoo.com](mailto:jesusiboro@yahoo.com)

**Background**: The global community has embarked on the Prevention of Mother-To Child Transmission (PMTCT) of HIV to eliminate new pediatric infections using ante-natal care (ANC) as the first entry point of care. In the absence of any intervention, the possibility of HIV transmission often runs from 15 - 45% and can be reduced to below 5% with effective PMTCT intervention. However, despite concerted efforts by national governments and increase in international donor funding, not much attention is given to analyze the human resource for health requirements to scale up ART and PMTCT services. Meanwhile WHO’s Alma Ata Declaration of 1978 states that “primary health care shall rely, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community”. Over the years, this has been neglected and the results have been continued shortage of manpower to deliver effective health services to the people where it matters most.

**Objectives:** The objective of this paper is to demonstrate that the integration of traditional birth attendants into health care service delivery is effective using available HRH data as well as service utilization data from health facilities over a 12 months period.

**Method:** The paper adopts simple statistical method to analyze disaggregated data of frontline health care workers as well as traditional birth attendants’ distribution across the entire 31 Local Government Areas of Akwa Ibom State of Nigeria and juxtaposed this with ANC, delivery and PMTCT uptake data from the same area within 12 months period. The result forms the basis for recommendations made.

**Results**: Key findings from the analysis show that of the 37,409 new ANC visits in 2014, only 11,199 (29.9%) were delivered in health facilities while the other 28,210 (60.1%) were delivered with TBAs and other unskilled birth attendants while only 292 (0.7%) referrals were made. Second, with a nurse to population ratio of 1:2,067 from 2015 projected population of 5,272,029 and growth rate of 3.5% compared with TBA to population ratio of 1:1,883, there is a great shortage of manpower to deliver basic health services including PMTCT. Thirdly, the high attrition rate of medical workers coupled with low employment of health workers and urban-biased distribution of available medical manpower severely constraints efforts to increase access to health services including ART and PMTCT.

**Conclusion and Recommendations:** Engaging (regulating, monitoring and re-orientating) TBAs is achievable and effective in improving MNCH services and increasing PMTCT uptake as a short term measure. In the long term, Governments may consider other measures to continuously train and re-train, properly remunerate and distribute health workers appropriately to rural areas.