

A new thienopyridine, prasugrel, which causes a higher level of inhibition of ADP-induced platelet aggregation and a less variable response than standard-dose clopidogrel, further reduced major vascular events by about one fifth in patients with acute coronary syndromes and scheduled percutaneous coronary intervention.

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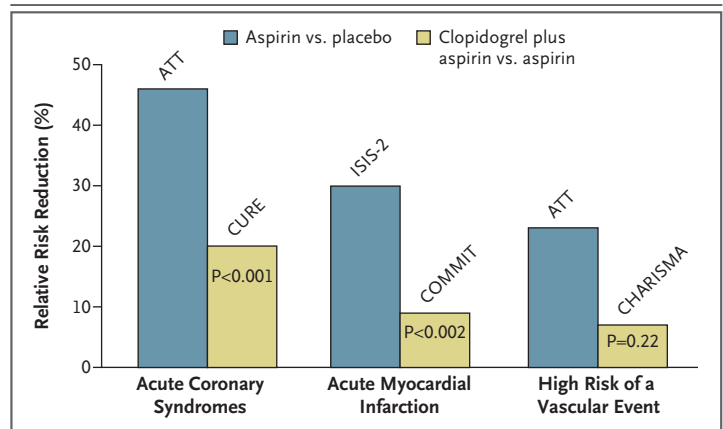


Figure 1. Relative Risk Reductions for the Combined End Point of Major Vascular Events.

Data are from individual randomized clinical trials and from a meta-analysis of trials of aspirin. ATT denotes Antithrombotic Trialists' Collaboration,¹ CHARISMA Clopidogrel for High Atherothrombotic Risk and Ischemic Stabilization, Management, and Avoidance,² COMMIT Clopidogrel and Metoprolol in Myocardial Infarction Trial,³ CURE Clopidogrel in Unstable Angina to Prevent Recurrent Events,⁴ and ISIS-2 Second International Study of Infarct Survival.⁵

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Expansion of the Health Workforce and the HIV Epidemic

TO THE EDITOR: Samb and colleagues (Dec. 13, 2007, issue)¹ call attention to the critical topic of shortages of health care workers in the developing world. One proposed solution involves shifting medical tasks to less skilled workers and laypersons. We are concerned that the rush to the bandwagon of "task shifting" takes the emphasis off the need to improve the jobs of health care workers in countries with severe epidemics of human immunodeficiency virus infection and AIDS (HIV/AIDS) and tuberculosis.

Our study involving South African nurses showed that working conditions and financial concerns were driving migration.² As part of a strategy to expand health care systems, the implication is that task shifting will allow systems to provide care with lower-cost workers.³ Are the problems that have fueled shortages of health care workers in the developing world — low pay and poor working conditions — addressed by task

shifting, or are they merely shifted onto an already overburdened community? Of additional concern is the burden of community-based care on women and its contribution to sex inequality.⁴ Integrating community members into a strengthened primary health care system is desirable, but so is the goal of decent work in the health sector.⁵

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TO THE EDITOR: In raising the critical issue of the global shortage of health workers, Samb et al. draw attention to the need to develop innovative methods to train and retain health workers. A focus on HIV/AIDS may inadvertently neglect the demand for health workers who can provide comprehensive care and supporting roles in health systems.¹ Recent critiques of the primacy of HIV/AIDS programs should be understood as a call to action.^{2,3} Efforts to boost the education of health workers in the developing world are necessary to provide basic health care, address chronic diseases, and reduce the “brain drain.”

Residency training programs in the United States are rapidly adding global health opportunities and formal training tracks. These programs could increase their impact by teaching residents how they might assist health workers in the developing world. A generation of physicians eager to lead the world in advancing global health will soon be entering the workforce. The medical community should mentor and challenge them to seek innovative ways to train and collaborate with health workers in the developing world.

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THE AUTHORS REPLY: Zelnick and O'Donnell are right to emphasize that poor working conditions and inadequate remuneration contribute to health workforce shortages and that women often shoulder the burden of community care without adequate support, equipment, or pay. Analysis of the task-shifting approach, as outlined in our article, has contributed to the development of recommen-

dations by the World Health Organization (WHO) that address these concerns explicitly.

The WHO global recommendations and guidelines on task shifting, endorsed on January 10, 2008, in the Addis Ababa Declaration, are the result of more than a year of evidence gathering and extensive consultation. They provide a framework to help countries strengthen, expand, and decentralize essential health services, using a task-shifting approach. They identify the key elements that must be in place if the approach is to prove safe, effective, equitable, and sustainable. These elements include an appropriate policy and regulatory framework and proper support, such as standardized training and other quality-assurance mechanisms, functioning referral systems, and adequate wages for health workers, including community health workers.

However, task shifting alone is not expected to resolve the health workforce crisis. Stakeholders involved in the promotion of task shifting unambiguously agree that the approach should be implemented alongside other strategies designed to increase the total numbers of health workers in all cadres. They also stress that task shifting requires financial stability and should not be seen as a substitute for other investments in human resources for health.

Huang and Berman caution against focusing on care for patients with HIV infection at the expense of other health services. Recent interest in task shifting has been fueled by the urgent need to respond to the HIV epidemic. However, as we note in our article, the impact of task shifting would not be restricted to HIV services. Task shifting is a strategic approach that makes more efficient use of the human resources currently available — for instance, by integrating community members into strengthened primary health care systems. This approach will assist in making broad progress toward the health-related Millennium Development Goals and generate long-term benefits for overall health systems.

The WHO global recommendations and guidelines on task shifting are available at www.who.int/healthsystems/task_shifting/en/.

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