being implemented by Persepolis. The service provides needle-exchange, methadone maintenance, general medical care, voluntary counselling and testing for HIV, and referral. It runs drop-in centres for street-based injecting drug users as part of a continuum of care, and services extend to the provision of food, clothes, and other basic needs.

The implementation of harm-reduction in Iran still faces many challenges. We need to achieve high enough intervention coverage to reverse the trends in HIV prevalence and show effects to convince critics. The supply of methadone and other materials is disrupted. And we lack human resources, both technical experts and field workers without whom these early harm-reduction initiatives will fail to reach the necessary minimum threshold for effectiveness. To scale-up and sustain support of its progressive harm-reduction policies, which should help stem the HIV epidemic in the region, especially if bordering countries adopt and reinforce similar policies, Iran needs to establish strong monitoring and assessment systems for existing interventions and programmes, including assessment of the effect of the programmes that they are spearheading. We also need support strategies aimed at preventing HIV transmission from injecting drug users to their spouses and other sexual partners. We need to scale-up existing programmes for street-based injecting drug users, incorporating quality standards for harm-reduction services to ensure sustained effectiveness. And we need to strengthen the capacity of non-governmental organisations and other community-based groups to reach the most vulnerable population groups. As elsewhere, there is a need for comprehensive and coordinated harm-reduction, including the engagement of faith-based organisations and religious leaders who are well placed to address the stigma that can undermine efforts to scale up.

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**Fight AIDS as well as the brain drain**

Leaders in international health have begun to address the critical shortage of professionals in the poor regions of the world with the highest disease burden. The report *Human Resources for Health: Overcoming the Crisis* was issued by the Joint Learning Initiative in 2004. The 2006 *World Health Report: Working Together for Health* emphasised the need to expand the supply of health workers in poor countries. But many articles on the loss of health professionals in sub-Saharan Africa highlight migration to higher paying jobs in wealthier countries as a major cause of the shortage of health professionals. In fact, emigration is not the greatest drain on the supply of health professionals in some countries severely affected by AIDS. Death is depleting the ranks of health professionals more rapidly than recruitment abroad.

We documented an annual death rate of 3·5% for nurses and 2·8% for clinical officers in Zambia’s Lusaka and Kasama districts. Over a decade, these death rates would account for the nurse vacancy rate of 37% in the institutions studied. Death claimed more nurses and clinical officers (68%) than resignation (23%) or normal retirement (9%). The median age at death was 38 years,
would cover the cost for an HIV/AIDS insurance plan for civil servants and their families in Uganda. The plan would give access to HIV/AIDS services at selected public and private providers. In Namibia, public servants already participate in a medical scheme that gives broad access to private providers.

Governments can reduce premature deaths in the civil service by making antiretroviral therapy available and convenient. Governments should consider programmes with the components listed in the panel. Antiretroviral therapy extends the survival of HIV-positive patients, and there is increasing evidence that patients receiving antiretrovirals are active and productive. If the death rate of Zambian nurses could be cut by 60%, Zambian health institutions would benefit more than they would from a total ban on recruitment to the UK. Stopping the brain drain requires an unprecedented level of cooperation. Keeping HIV-positive professionals alive and at work in their home countries is a simpler task, and one that we know how to do.

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