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## Hotline HRH



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## RESOURCES

### Hospital partnerships develop new resources for safer care

The World Health Organization (WHO) released a resource package of practical tools specifically aimed at improving patient safety in hospitals in developing countries. The resource package was co-developed by frontline health professionals through a pioneering WHO programme, African Partnerships for Patient Safety (APPS) that pairs 14 African hospitals each with a hospital in England, France or Switzerland.

Through the programme, health professionals from partnered African and European hospitals have developed a variety of ways to work together and support each other to provide safer care. They have worked closely with WHO's Patient Safety Programme to adapt resources such as the WHO Surgical Safety Checklist specifically to the context of African hospitals.

*"This unique approach to tackling patient safety through partnerships between hospitals in Africa and Europe is paving the way for improving patient safety across the African region,"* says Dr Shams Syed, who oversees the programme at WHO. *"The tools co-developed by this programme are now available free to any hospital anywhere in the world that wants to take action to improve patient safety,"* he adds.

The resource package includes online training seminars and templates to help hospitals to identify and take action on specific priorities such as infection prevention and control, safe surgery and health-care waste management.

African Partnerships for Patient Safety was established in 2009 in response to a call from 46 Ministers of Health in WHO's African Region for urgent action to address "the serious problem of patient safety".

To access the tool: <http://www.who.int/patientsafety/implementation/apps/resources/en/index.html>

## TRAINING/WORKSHOP INFORMATION

### International Health Consultancy

7 - 24 May 2013

The Liverpool School of Tropical Medicine is delighted to announce that recruitment is now open for its highly acclaimed Short Course in International Health Consultancy from 7th – 24th May 2013. The course is an executive/senior level professional development programme, and is of value to health, management and social development specialists working in government, non government and academic settings worldwide who want to work in a technical assistance role in middle and low-income countries.

This highly intensive 3-week post-graduate course provides emerging national, regional and international consultants with an opportunity to enhance and improve their professional knowledge and

skills in the provision and management of consultancy services within the context of international health and deliver technical assistance that is robust, evidence-based and grounded in the reality of resource-poor settings.

For further information and to register please visit:

<http://www.lstm.liverpool.ac.uk/learning--teaching/lstm-courses/short-courses/mg01---international-health-consultancy>

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### **Procurement and Supply Management (PSM) for Global Fund PRs and Related Consultants** 22 –2 27 July 2013

Pharmasystafrica and the Churches Health Association of Zambia (CHAZ) are offering a one-week course on responding to PSM bottle necks and challenges. The course will be tailored to address actual in-country PSM challenges based on a collection of case studies. Training of programs staff to address their own challenges based on country needs and priorities is essential for building sustainable capacity.

For additional information: [http://www.pharmasystafrica.com/index.php?option=com\\_content&view=article&id=67:procurement-and-supply-management-psm-for-global-fund-prs-and-related-consultants&catid=3:events&Itemid=58](http://www.pharmasystafrica.com/index.php?option=com_content&view=article&id=67:procurement-and-supply-management-psm-for-global-fund-prs-and-related-consultants&catid=3:events&Itemid=58)

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### **Formations courtes en Logistique de Santé : début 2013**

La logistique de santé est la fonction qui traite de l'emploi des ressources matérielles indispensables à l'efficacité, la qualité et l'efficience des activités sanitaires au sein des programmes et structures. Elle fait appel à des compétences managériales et techniques (flux, services généraux, opérations de santé). L'Institut Bioforce a mis en place des formations courtes qui ont pour objectif de développer les compétences en logistique de santé. Découvrez le programme des formations à venir :

« *Gérer les déchets hospitaliers & les déchets de bloc* »

| 18-22 mars | 5 jours | 800€ | Bobo-Dioulasso |

Activités de soins, Hygiène, Infectieux, Déchets, Risques, Environnement, Collecte, Emballage, Transport, Elimination, Traçabilité

« *Gérer la chaîne d'approvisionnement des produits de santé essentiels* »

| 15-19 avril | 5.5 jours | 1800€ | Ouagadougou |

Stocks, Produits de santé essentiels, Systèmes d'information, Contrôle des inventaires, Chaîne d'approvisionnement, Gestion prévisionnelle, Quantification et planification des achats

« *Quantification des produits de santé* »

| 22-26 avril | 5 jours | 1800€ | Ouagadougou |

Disponibilité, Approvisionnement, Ressources existantes - futures, Ressources Limitées, Gestion des stocks, Prévisions, Sources de Financement, Plan d'approvisionnement, Projections, Contraintes Environnementales et politiques, Méthodes de planification

A noter ! Les deux sessions ayant lieu au mois d'avril « Gérer la chaîne d'approvisionnement des produits de santé essentiels », « Quantification des produits de santé » s'enchainent dans le calendrier et sont complémentaires dans les apprentissages!

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## ARTICLES OF INTEREST

### **How a New Mobile Directory is Helping Eliminate Unqualified Health Providers in Uganda**

The Uganda Medical and Dental Practitioners Council aims to protect the health of Ugandans by requiring doctors and dentists to register and obtain an annual practicing license. Unfortunately, some of these health workers are not properly registered or do not hold a valid license. Worse, “quacks” are known to pose as medical practitioners and offer health services without the appropriate training. In the latest edition of *CapacityPlus* Voices, *Eliminating Quacks and Improving Health Care in Uganda*, the council’s registrar shares how a new mobile directory is helping curtail these practices.

The council was already using iHRIS Qualify, open source software that captures registration and licensing information. The Uganda Capacity Program, a USAID-funded project led by IntraHealth International, tailored the software to meet the council’s needs. *CapacityPlus* develops and releases updates for the software, and assists the Uganda Capacity Program to improve data quality and use.

The Uganda Capacity Program combined iHRIS data with mobile phone technology to create the mobile directory. Using it, anyone can access information on 3,877 doctors and dentists just by sending a text message to the council with “doctor” followed by a name. A message from the council will indicate if the provider is registered, licensed, and has a specialty. Similar information can be determined for more than 3,500 facilities.

For full article: <http://www.capacityplus.org/mobile-directory-helps-eliminate-unqualified-health-workers-uganda>

### **The health workforce: advances in responding to shortages and migration, and in preparing for emerging needs**

In 2010 the Sixty-third World Health Assembly adopted the WHO Global Code of Practice on the International Recruitment of Health Personnel in resolution WHA63.16. The Code is a multilateral framework for tackling shortages in the global health workforce and addressing challenges associated with the international mobility of health workers. In 2011 the Sixty-fourth World Health Assembly adopted resolution WHA64.6 on health workforce strengthening and resolution WHA64.7 on strengthening nursing and midwifery. In the former resolution Member States were urged, *inter alia*, to implement the Code; in the latter, they were urged to translate into action their commitment to strengthening nursing and midwifery by, *inter alia*, developing the necessary action plans for nursing and midwifery as an integral part of national or subnational health plans, collaborating in the strengthening of the relevant legislation and regulatory processes, and scaling up education and training in nursing and midwifery. This report is submitted in line with the requirements of Articles 9.2 and 7.2(c) of the WHO Global Code of Practice on the International Recruitment of Health Personnel, together with the requests to report on progress contained in resolution WHA64.6 and resolution WHA64.7. In response to a request from a Member State, the present report also provides information on the development of the health workforce to support universal health coverage.

For full article: [http://apps.who.int/gb/ebwha/pdf\\_files/EB132/B132\\_23-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_23-en.pdf)

### **Physician migration at its roots: a study on the factors contributing towards a career choice abroad among students at a medical school in Pakistan**

Physician migration, also known as “brain drain,” results from a combination of a gap in the supply and demand in developed countries and a lack of job satisfaction in developing countries. Many push and pull factors are responsible for this effect, with media and internet playing their parts.



Large-scale physician migration can pose problems for both the donor and the recipient countries, with a resulting reinforcement in the economic divide between developed and developing countries. The main objectives of our study were to determine the prevalence of migration intentions in medical undergraduates, to elucidate the factors responsible and to analyze the attitudes and practices related to these intentions.

This was a cross-sectional, observational, questionnaire-based study, conducted at Dow Medical College of Dow University of Health Sciences, Karachi, between January, 2012 and May, 2012. A total of 323 students responded completely. The questionnaire consisted of 3 sections, and was aimed at collecting demographic details, determining students' migratory intentions, evaluating reasons for and against migration and assessing attitudes and practices of students related to these intentions.

Out of 323 respondents, 195 wanted to pursue their careers abroad, giving a prevalence rate of 60.4% in our sample. United States was the most frequently reported recipient country. The most common reasons given by students who wished to migrate, in descending order, were: lucrative salary abroad followed by quality of training, job satisfaction, better way of life, relatives, more opportunities, better working environment, terrorism in Pakistan, harassment of doctors in Pakistan, desire to settle abroad, more competition in Pakistan, better management, peer pressure, longer working hours in Pakistan, religious reasons, parent pressure, political reasons and favoritism in Pakistan. A considerable number of respondents had already started studying for licensing examinations, and were also planning of gaining clinical experience in their desired country of interest.

Physician migration is a serious condition that requires timely intervention from the concerned authorities. If considerable measures are not taken, serious consequences may follow, which may pose a threat to the healthcare system of the country.

For full article: <http://www.globalizationandhealth.com/content/8/1/43>

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### **E-learning in medical education in resource constrained low- and middle-income countries**

In the face of severe faculty shortages in resource-constrained countries, medical schools look to e-learning for improved access to medical education. This paper summarizes the literature on e-learning in low- and middle-income countries (LMIC), and presents the spectrum of tools and strategies used. E-learning in medical education is a means to an end, rather than the end in itself. Utilizing e-learning can result in greater educational opportunities for students while simultaneously enhancing faculty effectiveness and efficiency. However, this potential of e-learning assumes a certain level of institutional readiness in human and infrastructural resources that is not always present in LMICs. Institutional readiness for e-learning adoption ensures the alignment of new tools to the educational and economic context.

For full article: <http://www.human-resources-health.com/content/pdf/1478-4491-11-4.pdf>

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### **Scaling Up mHealth: Where Is the Evidence?**

'..There are over 6 billion mobile phone subscribers and 75% of the world has access to a mobile phone [1]. Service and care providers, researchers, and national governments are excited at the opportunities mobile health has to offer in terms of improving access to health care, engagement and delivery, and health outcomes [2]. Interventions categorized under the rubric 'mobile health' or 'mHealth' - broadly defined as medical and public health practice supported by mobile devices [2] - span a variety of applications ranging from the use of mobile phones to improve point of service data

collection [3], care delivery [4], and patient communication [5] to the use of alternative wireless devices for real-time medication monitoring and adherence support [6].

A recent World Bank report tracked more than 500 mHealth studies, and many donor agencies are lining up to support the 'scaling up' of mHealth interventions [7]. Yet, after completion of these 500 pilot studies, we know almost nothing about the likely uptake, best strategies for engagement, efficacy, or effectiveness of these initiatives. Currently, mHealth interventions lack a foundation of basic evidence [8], let alone a foundation that would permit evidence-based scale up. For example, in Uganda in 2008 and 2009 approximately 23 of 36 mHealth initiatives did not move beyond the pilot phase [9].

The current enthusiasm notwithstanding, the scatter-shot approach to piloting mHealth projects in the absence of a concomitant programmatic implementation and evaluation strategy may dampen opportunities to truly capitalize on the technology.

This article discusses a number of points pertinent to developing a more robust evidence base for the scale up of mHealth interventions. The issues raised are primarily conceptual and methodological..'

For full article: <http://www.plosmedicine.org/article/info:doi%2F10.1371%2Fjournal.pmed.1001382>

### **Why Would I Go There? Motivating Workers to Take and Keep Jobs in Rural Areas**

Given the complexity of the social, professional, and economic factors that influence motivation, how do institutions make rural job postings more attractive? While many recognize that salary is an important factor, other characteristics of a job—such as better living or working conditions, supportive supervision, opportunities for continuing professional development, career advancement, networking, and even public recognition—can improve a worker's sense of purpose and productivity. Identifying and offering the right incentive package to workers can result in a win-win situation, with benefits for both the worker and the community served. To address this issue of job attraction and retention in the health sector, *CapacityPlus* has helped ministries of health and NGOs answer these questions by using a rapid discrete choice experiment, a rigorous survey method that identifies the trade-offs that workers would be willing to make between specific job characteristics. Garnering statistical evidence of what motivates workers provides policy-makers with the needed information to develop more cost-effective job incentive strategies. *This article originally appeared in the December 2012 issue of Monthly Developments Magazine*

For full article: <http://www.capacityplus.org/why-would-i-go-there-motivating-workers-jobs-rural-areas>

### **Innovative Financing Options for the Preservice Education of Health Professionals**

Many countries are making significant investments to increase the number of health workers available to provide care to growing populations. However, the available funding is far short of what is required. For countries to train and produce a health workforce sufficient to meet the populations' needs, new sources of funding for health worker education need to be found. To address this problem, *CapacityPlus* partnered with the International Finance Corporation, the World Bank, and the Global Health Workforce Alliance in an exploration of innovative solutions for the financing of health worker education. This technical brief presents a summary of the forms of financing proposed or documented through this process.

For full article: <http://www.capacityplus.org/files/resources/innovative-financing-options-preservice-education-health-professionals.pdf>

## 2013 ACHA BIENNIAL CONFERENCE

It's been a great start to the 6<sup>th</sup> Biennial Christian Health Associations Conference being held in Lusaka and hosted by the Churches Health Association of Zambia (CHAZ) in collaboration with ACHAP Secretariat.

With almost 100 participants, the theme of the conference is ***“Increasing burden of non-communicable diseases (NCDs) in Africa; health systems strengthening towards scaling up FBOs response”***.

The pre-conference day had learning opportunities for participants wishing to learn about Family Planning or Diabetes and the HRH TWG met with a discussion focusing on the impact that non-communicable diseases is having on the health workforce as well as a TWG business meeting.

The main conference is focusing on NCDs while the post-conference meeting will be sponsored by UNAIDS and bring together the faith-community with their ministerial counterparts for a discussion on HIV/AIDS.

The Biennial Conference provides an opportunity for learning and sharing among the CHAs, partners and other stakeholders.

The Conference report and power point presentations will be made available on the ACHAP website: [www.africachap.org](http://www.africachap.org)

### **Hotline HRH 2012 Monthly Schedule**

January 30, 2013	July 31, 2013
February 27, 2013	August 28, 2013
March 27, 2013	September 25, 2013
April 24, 2013	October 30, 2013
May 29, 2013	November 27, 2013
June 26, 2013	December 25, 2013

For questions regarding the *Hotline HRH* please contact:

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### **HRH Document Portal Access Information**

<http://www.imaworldhealth.org/InsideIMA/Resources.aspx>

USER NAME: guest

PASSWORD: twghrh

#### **Documents**

<http://africachap.org>

Document Section

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