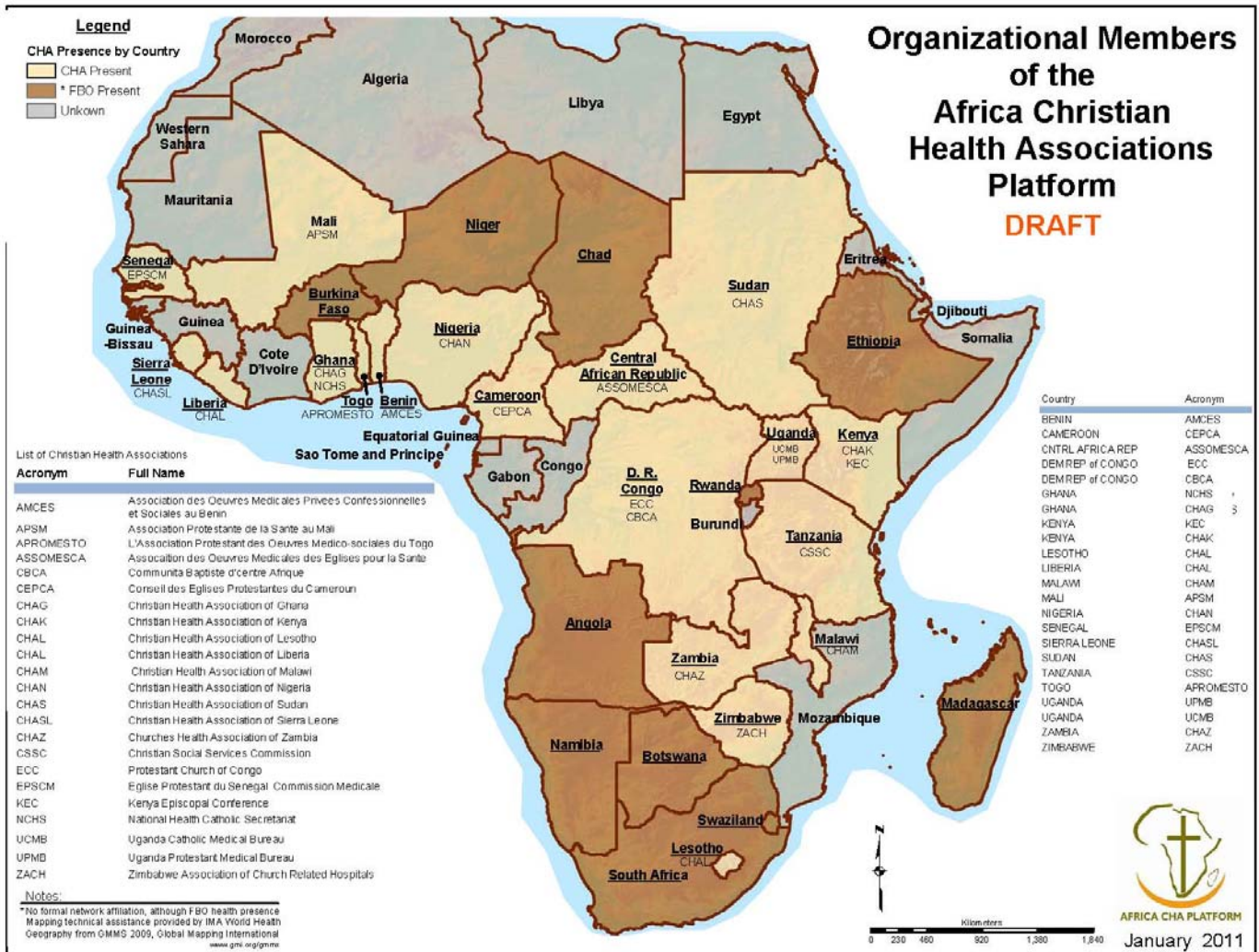


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# Hotline HRH



A Human Resources for Health publication of the Africa Christian Health Associations Platform

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## RESOURCES

### Human Resources in Health (HRH) Toolkit

The shortage of human resources in health in Africa remains severe and continues to be a major impediment to increasing coverage of HIV-related services, namely highly active anti-retroviral therapy (HAART) and prevention of mother-to-child transmission (PMTCT) of HIV. This eToolkit focuses on issues concerning Human Resources in Health (HRH).

It is estimated that Africa bears twenty-four percent of the world's disease burden, but only has three percent of the world's health workers - the shortage of health workers on the African continent is estimated to be 800,000. Among the fifty-seven countries that the World Health Organization characterized as HRH crisis countries, thirty-five are in Africa. In Southern Africa, Mozambique, Malawi, Zambia, Zimbabwe, Lesotho and Swaziland are HRH crisis countries.

This eToolkit is meant to serve as a resource for those dealing with aspects of the HRH crisis, including individuals and organizations who wish to familiarize themselves with the various components of HRH.

To access the toolkit: <http://archive.k4health.org/toolkits/hrh>

## TRAINING/WORKSHOP INFORMATION

### Human Rights for Health Workers—an IFHHRO Training Manual

This IFHHRO online training manual shares materials developed to train health workers in health and human rights issues. It intends to bridge the gap between the legal conceptualization of the right to health and the daily practice of health workers by providing human rights education materials specifically designed for health workers.

Human rights education is generally not integrated in medical and nursing school curricula and most health workers have limited knowledge about human rights. When introducing health workers to human rights it is extremely important not to overwhelm them with only legal information. This is why the relation between health-related human rights and the daily work of a health worker plays a central role in most of the session plans provided in this online manual.

Health workers do not need to become human rights specialists, but having basic knowledge does matter. In their daily work health workers need to take decisions that can mean the difference between the protection or violation of human rights. What exactly health workers need to learn depends on the country they work in, their specialisation and their knowledge about human rights. There is therefore no fixed format for a human rights training programme for health workers. Experience learns that it is possible to interest health workers in human rights as long as they can establish a connection with their own work. An effective way to do this is by using a participatory training

approach based on the principles of adult learning in which recognizable situations are used as a starting point to stimulate new insights.

It is this way of thinking that forms the basis for all the session plans available on this website. All session plans have been tried out during IFHHRO trainings. Some session plans are suitable for all trainings, others need to be adapted to the local situation, the learning objectives, or the target group.

To access the training manual: <http://www.ifhhro-training-manual.org/index.php?r=site/show&id=2>

## **ATELIER DE FORMATION EN SUIVI ET EVALUATION DES PROGRAMMES DE LUTTE CONTRE LE PALUDISME (FRANCAIS)**

11 au 22 Juin 2012

Ouagadougou, Burkina Faso

Le projet MEASURE Evaluation financé par l'USAID, en partenariat avec Le Centre de Recherche en Santé de Nouna (CRSN) et l'unité de formation et de recherche en Science de la Santé de l'université de Ouagadougou (UFR/SDS) a le plaisir d'annoncer l'organisation d'un atelier de formation en suivi et évaluation des programmes de lutte contre le paludisme. L'atelier se tiendra à Ouagadougou- Burkina Faso 11 au 22 Juin 2012.

Ces dernières années, nous assistons à une augmentation des financements pour la lutte contre le paludisme créant ainsi un besoin énorme pour le suivi et l'évaluation (S&E) des programmes. Cependant, malheureusement les programmes nationaux de lutte contre le paludisme des pays endémiques (surtout Afrique sub-saharienne) souffrent constamment de manque du personnel adéquatement formé en suivi et évaluation. Cet atelier de formation non-diplômant vise alors à renforcer les capacités régionales en suivi et évaluation des programmes paludismes. L'atelier s'adresse principalement aux catégories suivantes:

- Les personnels des programmes nationaux de lutte contre le paludisme des niveaux central et district, en particulier ceux chargés des opérations de collecte, d'analyse et d'utilisation des données;
- Les personnels des Organisations Non Gouvernementales, de la Mission USAID et d'autres partenaires du développement chargé d'appuyer le programme, en particulier dans le domaine de suivi et évaluation.

Nous vous saurions gré de transmettre cette annonce à toute personne qui pourrait être intéressée à participer à cet atelier de formation. Nous apprécierions recevoir vos transmettre cette annonce aux candidats potentiels. Équipes de pays sont encouragées à postuler. Les documents de demande sont disponibles en ligne à l'adresse: [www.cpc.unc.edu/measure/training](http://www.cpc.unc.edu/measure/training).

Les dossiers de candidature devraient être soumis avant le **02 avril 2012**.

Pour plus d'information, prière de prendre contacter [atelier.palu@gmail.com](mailto:atelier.palu@gmail.com).

## **Procurement and Supply Management (PSM) for Global Fund PRs and Related Consultants**

Date: 8-14 July, 2012

Location: James Cairns Training Centre, Lusaka, Zambia

Pharmasystafrica and the Churches 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.

#### Scope and intent:

Procurement and supply management (PSM) challenges present a key bottleneck to accessing effective treatments in resource-limited settings. Key to strengthening PSM systems is the orientation and training of technical assistance providers based on global vision and priorities and in-country needs. Although there are a number of agencies and consultants who provide capacity building support in the PSM area, most of these are not located in the immediate vicinity of the need and constantly, demand outstrips supply. The limited numbers of experts becomes a bottleneck to PSM systems strengthening and implementation. There is thus need to develop more experts with appropriate skills to assist partners in low-income countries of the South to address program, national and regional challenges.

#### Target Audience

The training will target professionals with key roles in PSM systems including those supported by national governments and international organizations. Participants will also include professionals with an interest in building their skills as independent PSM consultants.

For logistical purposes, the training will be restricted to 30 participants. These will be selected based on stringent criteria. The fee for this course is \$1600.00. Meals, accommodation, airport transfers and transport to and from the training venue are included in the fee. Full or partial scholarships will be available to a limited number of participants. The fee for non-resident participants is \$800.00 even though we encourage participants to stay at the training site due to the intensity of the course. The language of instruction is English.

#### Course Content

The course content includes key aspects of the PSM systems, based on in-country case studies. By the end of the course, participants will be:

1. Able to critically appraise PSM plans, in the context of organisational structures and health systems in which they are placed
2. Conversant with the different approaches and methodologies to assess PSM systems
3. Able to identify factors contributing to a well-performing PSM system in developing countries
4. Measure the performance of a PSM system using appropriate indicators
5. Introduced to problem solving oriented approaches to capacity building for pharmaceutical systems in low resource settings
6. Equipped with skills to evaluate a PSM system from a local funding agent perspective
7. Equipped with the necessary skills to prepare various reports required in consultancies for PSM capacity building Course Faculty

The principal facilitators for this course will come from the CHAZ, PharmaSystAfrica, Empower School of Public Health, and the Ministry of Health in Zambia.

Please apply online at [www.pharmasystafrica.com](http://www.pharmasystafrica.com) or by e-mail to [info@pharmasystafrica.com](mailto:info@pharmasystafrica.com). The deadline for applications is Friday, June 15, 2012.

Requests for additional information and support for participation should be sent to [info@pharmasystafrica.com](mailto:info@pharmasystafrica.com) or telephone number +1 502 298 5515



## **Advanced course on monitoring and evaluation: innovations in a dynamic health systems environment**

August 2012 OR October 2012

What models, frameworks and tools are suitable for a specific evaluation? How to balance the perspectives of different stakeholders? This course aims to equip you with up-to-date knowledge and state-of-the-art M&E tools.

Monitoring and evaluation skills are essential tools for working in a dynamic development environment. Sectoral plans at national, regional or local levels require a strategic investment in management tools that facilitate informed decision making, planning and implementation. Contextual changes such as the new aid architecture and multi-stakeholder environments will be examined. Participants will become familiar with new M&E frameworks, techniques and the changing role of information technology. Developing appropriate monitoring and evaluation and management information systems will receive particular emphasis. Rational data collection for optimal usefulness while imposing minimal burden on staff is highlighted. Special attention will be given to making monitoring and evaluation systems equity aware and to balancing the ethical aspects of an evaluation.

For further information: <http://www.kit.nl/-/INS/49464/Royal-Tropical-Institute/KIT-Development-Policy-and-Practice--/DEV-Training--/Health-systems/Advanced-course-on-monitoring-and-evaluation>

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## **The 7th International Conference on Appropriate Healthcare Technologies for Developing Countries (AHT2012): World Health and Wellbeing**

18 - 19 September 2012, London

Research carried out by the World Health Organization (WHO) reveals that almost 95 percent of medics practicing in less developed countries are reliant on medical technology that has been imported.

More than half of this technology, however, is not utilised as staff have insufficient means to maintain the equipment or insufficient knowledge to operate it. Subsequently, there is inadequate provision for administering healthcare in the developing world. Other problems include unreliable power and water supplies, inappropriate donations of equipment, consumables and pharmaceuticals, unsafe disposal of medical equipment and waste, political instability and war. The need is for appropriate, affordable, sustainable and quality equipment, supplies and support in both development and emergency situations.

The 7th IET International Conference provides delegates with a great opportunity to learn about the key issues surrounding healthcare provision in the developing world and to network with fellow workers.

For more information: <http://conferences.theiet.org/aht/index.cfm>

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## **Patient safety research: introductory course (on-line)**

How familiar are you with the concept of patient safety? Hundreds of thousands of patients are harmed or die each year due to unsafe care, or get injured inadvertently when seeking health care. Understanding the magnitude of the problem in hospitals and primary care facilities is the first step towards improving patient safety. A series of free on-line courses were broadcast (in April and May 2010) to introduce the basic elements of patient safety research.

There were eight sessions for health-care professionals and researchers interested in learning how to identify patient safety problems. Through these sessions, participants were informed of the core principles of patient safety research.

The sessions were provided by internationally renowned specialists in patient safety, namely Dr David Bates, External Programme Lead for Research, WHO Patient Safety, and the Director of the Center of Excellence in Patient Safety and Research, USA, and Dr Albert Wu, a professor in the Department of Health Policy and Management at Johns Hopkins University, USA.

For further information: [http://www.who.int/patientsafety/research/online\\_course/en/index.html](http://www.who.int/patientsafety/research/online_course/en/index.html)

## ARTICLES OF INTEREST

### **The Global Health Workforce – Pathways to Health, Irish Forum for Global Health Conference Statement, Dublin, 2-3 February 2012**

The Irish Forum for Global Health seeks to contribute to global health, with a focus on the needs of low income countries, through networking and collaborating actions by the Irish global health community and its partners. The 2012 Dublin conference was on the theme of the Global Health Workforce, recognising that the critical shortage of skilled health personnel is one of the greatest global health challenges today.

The conference discussed the current global health workforce challenges and reflected on experiences and lessons learned from research and practice by Irish and international practitioners, NGOs, researchers, government agencies and the private sector, which can inform responses in Ireland and other countries.

Conference participants are committed to the principles of the 2008 Kampala Declaration and the vision of the Second Global Forum on Human Resources for Health in Bangkok in 2011 that: *'All people, everywhere, shall have access to a skilled, motivated and supported health worker within a robust health system.'*

For full statement details: <http://globalhealth.ie/index.php?i=325>

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### **Developing lay health worker policy in South Africa: a qualitative study**

Over the past half decade South Africa has been developing, implementing and redeveloping its Lay Health Worker (LHW) policies. Research during this period has highlighted challenges with LHW programme implementation. These challenges have included an increased burden of care for female LHWs. The aim of this study was to explore contemporary LHW policy development processes and the extent to which issues of gender are taken up within this process.

The study adopted a qualitative approach to exploring policy development from the perspective of policy actors. Eleven policy actors (policy makers and policy commentators) were interviewed individually. Data from the interviews were analysed thematically.

Considerations of LHW working conditions drove policy redevelopment. From the interviews it seems that gender as an issue never reached the policy making agenda. Although there was strong recognition that the working conditions of LHWs needed to be improved, poor working conditions were not necessarily seen as a gender concern. Our data suggests that in the process of defining the problem which the redeveloped policy had to address, gender was not included. There was no

group or body who brought the issue of gender to the attention of policy developers. As such the issue of gender never entered the policy debates. These debates focused on whether it was appropriate to have LHWs, what LHW programme model should be adopted and whether or not LHWs should be incorporated into the formal health system.

LHW policy redevelopment focused on resolving issues of LHW working conditions through an active process involving many actors and strong debates. Within this process the issue of gender had no champion and never reached the LHW policy agenda. Future research may consider how to incorporate the voices of ordinary women into the policy making process.

For full article: <http://www.health-policy-systems.com/content/pdf/1478-4505-10-8.pdf>

### **“Workhood” – a useful concept for the analysis of health workers’ resources? An evaluation from Tanzania**

International debates on improving health system performance and quality of care are strongly coined by systems thinking. There is a surprising lack of attention to the human (worker) elements. Although the central role of health workers within the health system has increasingly been acknowledged, there are hardly studies that analyze performance and quality of care from an individual perspective. Drawing on livelihood studies in health and sociological theory of capitals, this study develops and evaluates the new concept of workhood. As an analytical device the concept aims at understanding health workers’ capacities to access resources (human, financial, physical, social, cultural and symbolic capital) and transfer them to the community from an individual perspective.

Case studies were conducted in four Reproductive-and-Child-Health (RCH) clinics in the Kilombero Valley, south-eastern Tanzania, using different qualitative methods such as participant observation, informal discussions and in-depth interviews to explore the relevance of the different types of workhood resources for effective health service delivery. Health workers’ ability to access these resources were investigated and factors facilitating or constraining access identified.

The study showed that lack of physical, human, cultural and financial capital constrained health workers’ capacity to act. In particular, weak health infrastructure and health system failures led to the lack of sufficient drug and supply stocks and chronic staff shortages at the health facilities. However, health workers’ capacity to mobilize social, cultural and symbolic capital played a significant role in their ability to overcome work related problems. Professional and non-professional social relationships were activated in order to access drug stocks and other supplies, transport and knowledge.

By evaluating the workhood concept this study highlights the importance of understanding health worker performance by looking at their resources and capacities. Rather than blaming health workers for health system failures, applying a strength-based approach offers new insights into health workers’ capacities and identifies entry points for target actions.

For full article: <http://www.biomedcentral.com/content/pdf/1472-6963-12-55.pdf>

### **The role of information communication technology (ICT) towards universal health coverage: the first steps of a telemedicine project in Ethiopia**

#### Background

Eighty-five per cent of the Ethiopian population lives in remote areas, without access to modern health services. The limited health care budget, chronic shortage of health care workers and lack of incentives to retain those in remote areas further jeopardize the national health care delivery system. Recently, the application of information communication technology (ICT) to health care delivery and

the use of telemedicine have raised hopes.

### Objective

This paper analyzes the challenges, failures and successes encountered in setting-up and implementing a telemedicine program in Ethiopia and provides possible recommendations for developing telemedicine strategies in countries with limited resources.

### Design

Ten sites in Ethiopia were selected to participate in this pilot between 2004 and 2006 and twenty physicians, two per site, were trained in the use of a store and forward telemedicine system, using a dial-up internet connection. Teledermatology, teleradiology and telepathology were the chosen disciplines for the electronic referrals, across the selected ten sites.

### Results

Telemedicine implementation does not depend only on technological factors, rather on e-government readiness, enabling policies, multisectoral involvement and capacity building processes. There is no perfect 'one size fits all' technology and the use of combined interoperable applications, according to the local context, is highly recommended.

### Conclusions

Telemedicine is still in a premature phase of development in Ethiopia and other sub-Saharan African countries, and it remains difficult to talk objectively about measurable impact of its use, even though it has demonstrated practical applicability beyond reasonable doubts.

For full article: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3318899/>

## MISCELLANEOUS INFORMATION

The Human Resources for Health Technical Working Group of the ACHA Platform had the opportunity to come together and discuss multiple HRH issues.

A blog entry about the meeting may be found: <http://www.capacityplus.org/supporting-african-fbos-to-develop-health-workforce-advocacy-messages>

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

January 25	July 25
February 22	August 29
March 28	September 26
April 25	October 31
May 30	November 28
June 27	December 26

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



