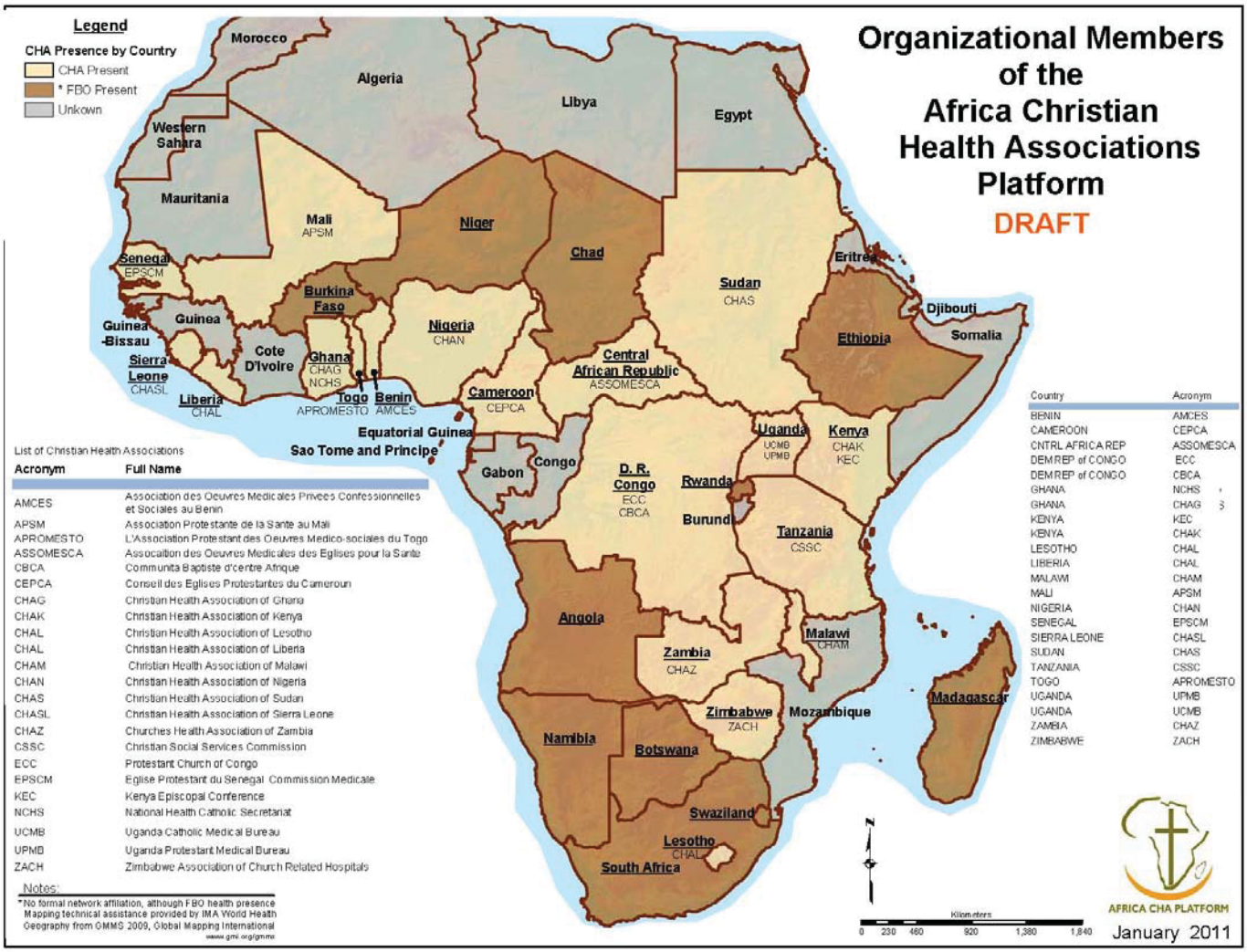
Number 67, March 2012

Hotline HRH



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

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RESOURCES

PSM Toolbox

The PSM Toolbox is a WHO/AMDS repository of tools, in collaboration with i+solutions, for health professionals working on PSM and other public health related areas. The database contains PSM tools and resource documents for ARVs, TB & Malaria medicines and several other health commodities and is constantly being updated with new contents by various international technical agencies and institutions. The database can be accessed online as well as downloaded to USB sticks and/or hard disks allowing users to make use of the tools in areas without internet access. Users may also update their data whenever they have internet connection.

To learn more about the PSM Toolbox, please visit http://www.psmtoolbox.org/en/index.php
To download the full package of the tools, please click http://www.psmtoolbox.org/en/usb.php

For more information about the PSM Toolbox, please contact i+solutions at info@iplussolutions.org<mailto:info@iplussolutions.org>

Are you interested in improving pharmaceutical services in the health facilities in your network?

For this purpose, EPN has developed guidelines for effective and efficient pharmaceutical services. EPN members can order free copies of the guidelines.

The process of developing guidelines for the improvement of pharmaceutical management started already in 2004. In 2010, EPN defined the aim of each of the 25 guidelines, what can be done to ensure compliance and, where possible, how compliance can be measured using certain indicators. Illustrations were developed to depict the guidelines, and posters were produced. EPN members were given the chance to request for the guidelines posters and grants to support adoption of the guidelines in-country.

Towards the end of 2011, EPN undertook to validate the guidelines. A cross section of experts in various spheres of pharmacy practice in Africa, Europe and Australia were involved in carrying out a face validity exercise. The experts con-cluded that the guidelines were appropriate, relevant and comprehensive for use in strengthening pharmaceutical services across different levels of care. A number of recommendations were made including to consolidate some of the guidelines so that they would be easier to use.
A compilation booklet containing both the illustrations and the indicators and explanation of the guidelines is now available in a user-friendly format, in English and French.

It is EPN's aim that all members are aware of the guidelines that can significantly improve pharmaceutical services, and try to the best of their abilities to have them implemented in their health facilities.

If you are interested in receiving the guidelines booklet for distribution within your network, please let us – before 12/03/2012 - know how many copies you would like and to which person (and address) the parcel should be addressed.

For further information please contact: communications@epnetwork.org

How Can Governments Work with Faith-Based Organizations to Strengthen the Health Workforce?

Capacity*Plus* announces the publication of Issue Brief #4, Faith-Based Organizations. This brief presents an overview of the issue of FBOs and human resources for health along with suggested actions, key considerations, and resources.

FBOs play a key role in providing health care in many parts of the world. According to the World Health Organization, in African countries they often own and operate an estimated 30% to 70% of the health care facilities and provide health care through hospitals, clinics, and community- and home-based programs. In many countries, FBOs train a significant portion of health workers, especially nurses and midwives. FBOs often serve remote and rural areas where governments have the greatest difficulty in attracting and retaining health workers. Yet FBOs remain under-recognized for their immense contribution to the national health sector.

To read the brief: http://www.capacityplus.org/faith-based-organizations-strengthen-health-workforce

Policy Advocacy Collection

The HRH Global Resource Center (GRC) is pleased to announce the launch of its Policy Advocacy Collection on health workforce issues. This important and often under-recognized area is a key component to addressing the health workforce crisis, and we are excited to offer the following resources to support policy advocacy work:

- a Policy Advocacy Subject Guide to introduce the issues
- a new interview series, as part of the GRC's successful HRH Leaders in Action Interviews, that focuses on policy advocacy - the first interview, HRH Policy Advocacy Leaders in Action Interview with Mary Beth Powers is now available
- an expanded collection of materials on policy, advocacy, national policy, organizational policy, health workforce issues in fragile environments including conflict affected regions and natural disaster affected regions as well as materials on workplace violence for health workers

We encourage you to explore the new resources (www.hrhresourcecenter.org/) and to contact us (www.hrhresourcecenter.org/contact_us) with questions and suggestions.

TRAINING/WORKSHOP INFORMATION

Global Health Forum

The 4th edition Geneva Health Forum will take place in Geneva from 18-20 April 2012 - the theme of which is chronic conditions. The organizers are now inviting frontliners and health workers around the world to submit proposals -whether research abstracts or project experiences. Submissions along the entire health continuum- from upstream multi-sectoral policies for prevention of chronic conditions- both communicable and non communicable and related risk factors to downstream actions in the health sector for detection and treatment.

For further information: http://www.ghf12.org/?page_id=425

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 Sante de l'université de Ouagadougou (UFR/SDS) a le plaisir d'annoncer l'organisation d'un atelier de formation en suive 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 a 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.

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

Pour plus d'information, prière de prendre contacter 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 or by e-mail to 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 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

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

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

ARTICLES OF INTEREST

An analysis of GAVI, the Global Fund and World Bank support for human resources for health in developing countries

Shortages, geographic imbalances and poor performance of health workers pose major challenges for improving health service delivery in developing countries. In response, multilateral agencies have increasingly recognized the need to invest in human resources for health (HRH) to assist countries in achieving their health system goals. In this paper we analyse the HRH-related activities of three agencies: the Global Alliance for Vaccines and Immunisation (GAVI); the Global Fund for Aids, Tuberculosis, and Malaria (the Global Fund); and the World Bank. First, we reviewed the type of HRH-related activities that are eligible for financing within each agency. Second, we reviewed the HRH-related activities that each agency is actually financing. Third, we reviewed the literature to understand the impact that GAVI, Global Fund and World Bank investments in HRH have had on the health workforce in developing countries. Our analysis found that by far the most common activity supported across all agencies is short-term, in-service training. There is relatively little investment in expanding pre-service training capacity, despite large health worker shortages in developing countries. We also found that the majority of GAVI and the Global Fund grants finance health worker remuneration, largely through supplemental allowances, with little information available on how payment rates are determined, how the potential negative consequences are mitigated, and how payments are to be sustained at the end of the grant period. Based on the analysis, we argue there is an opportunity for improved co-ordination between the three agencies at the country level in supporting HRH-related activities. Existing initiatives, such as the International Health Partnership and the Health Systems Funding Platform, could present viable and timely vehicles for the three agencies to implement this improved co-ordination.

For full article: http://heapol.oxfordjournals.org/content/early/2012/02/13/heapol.czs012.abstract

The financial cost of doctors emigrating from sub-Saharan Africa: human capital analysis

The migration of health workers from developing countries to developed ones is a well recognised contributor to weak health systems in low income countries and is considered a primary threat to achieving the health related millennium development goals. In 2010 the World Health Assembly unanimously adopted the first code of practice on the international recruitment of health personnel, which recognises problems related to the global shortage of health staff and calls for all countries to mitigate the negative effects from the migration of health workers. The code also calls on wealthy countries to provide financial assistance to source countries affected by the losses of health workers.

The code is particularly important for sub-Saharan Africa where, according to the World Health Organization, the majority of countries are experiencing a critical shortage of doctors, nurses, and midwives. Many doctors from these countries have left to pursue better career opportunities in developed countries. The problem is exacerbated by the continent bearing the greatest burden of diseases such as HIV/AIDS. While Africa experiences 24% of the global burden of disease, it has only 2% of the global supply of doctors, and less than 1% of expenditures are on global health. Countries with a high prevalence of HIV are particularly affected by shortages of health workers for several reasons. Firstly, HIV has been documented as a leading cause of death among health workers—in the first five years of the AIDS epidemic, for example, an estimated 1 in 10 health workers in Malawi died of AIDS. Secondly, HIV leads to health workers' absenteeism owing to illness among staff or their relatives. Finally, the increased workload resulting from HIV/AIDS illness has not been met by a commensurate increase in staff, leading to increased burnout and fatigue.

For full article: http://www.bmj.com/content/343/bmj.d7031

Human resources for health care delivery in Tanzania: a multifaceted problem

Background
Recent years have seen an unprecedented increase in funds for procurement of health commodities in developing countries. A major challenge now is the efficient delivery of commodities and services to improve population health. With this in mind, we documented staffing levels and productivity in peripheral health facilities in southern Tanzania.

Method
A health facility survey was conducted to collect data on staff employed, their main tasks, availability on the day of the survey, reasons for absenteeism, and experience of supervisory visits from district health teams. In-depth interviews with health workers were done to explore their perception of work load. A time and motion study of nurses in the reproductive and child health (RCH) clinics documented their time use by task.

Results
We found that only 14% (122/854) of the recommended number of nurses and 20% (90/441) of the clinical staff had been employed at the facilities. Furthermore, 44% of clinical staff was not available on the day of the survey. Various reasons were given for this. Amongst the clinical staff, 38% were absent because of attendance of seminar sessions, 8% because of long-training, 25% were on official travel and 20% were on leave. RCH clinic nurses were present for 7 hours a day, but only worked productively for 57% of time present at a facility. Almost two-thirds of facilities had received less than three visits from district health teams during the 6 months preceding the survey.

Conclusion
This study documented inadequate staffing of health facilities, a high degree of absenteeism, low productivity of the staff who were present and inadequate supervision in peripheral Tanzanian health facilities. The implications of these findings are discussed in the context of decentralized health care in Tanzania.

For the article: http://www.who.int/workforcealliance/knowledge/resources/tza_hrharticle/en/index.html

Care drain threatens needy countries

Switzerland is facing a dearth of health workers, but nothing like the shortages in developing countries where doctors and nurses have left for better opportunities.
To combat this problem, a coalition of Swiss health and humanitarian organisations has written a manifesto that addresses the worldwide need for properly trained healthcare professionals.

Medicus Mundi Switzerland, the Basel-based network of Swiss organisations active in international healthcare, published the ten-point manifesto on Monday.

It calls for action to improve working conditions for health professionals both in Switzerland and abroad. In particular, it discourages Switzerland from poaching health workers from needier nations.

“It’s very short-term thinking when developed countries like Switzerland meet their own shortages in healthcare workers by – directly or indirectly – recruiting from countries of the global south,” state the 26 organisations that have signed the manifesto.

They also cite the World Health Organization (WHO) code of ethics condemning this practice – a code that Switzerland signed off on in May 2010.

For full article: http://www.swissinfo.ch/eng/swiss_news/Care_drain_threatens_needy_countries.html?cid=31957812

A survey of Sub-Saharan African medical schools

Background
Sub-Saharan Africa suffers a disproportionate share of the world's burden of disease while having some of the world's greatest health care workforce shortages. Doctors are an important component of any high functioning health care system. However, efforts to strengthen the doctor workforce in the region have been limited by a small number of medical schools with limited enrolments, international migration of graduates, poor geographic distribution of doctors, and insufficient data on medical schools. The goal of the Sub-Saharan African Medical Schools Study (SAMSS) is to increase the level of understanding and expand the baseline data on medical schools in the region.

Methods
The SAMSS survey is a descriptive survey study of Sub-Saharan African medical schools. The survey instrument included quantitative and qualitative questions focused on institutional characteristics, student profiles, curricula, post-graduate medical education, teaching staff, resources, barriers to capacity expansion, educational innovations, and external relationships with government and non-governmental organizations. Surveys were sent via e-mail to medical school deans or officials designated by the dean. Analysis is both descriptive and multivariable.

Results
Surveys were distributed to 146 medical schools in 40 of 48 Sub-Saharan African countries. One hundred and five responses were received (72% response rate). An additional 23 schools were identified after the close of the survey period. Fifty-eight respondents have been founded since 1990, including 22 private schools. Enrolments for medical schools range from 2 to 1800 and graduates range from 4 to 384. Seventy-three percent of respondents (n = 64) increased first year enrolments in the past five years. On average, 26% of respondents' graduates were reported to migrate out of the country within five years of graduation (n = 68). The most significant reported barriers to increasing the number of graduates, and improving quality, related to infrastructure and faculty limi-

tations, respectively. Significant correlations were seen between schools implementing increased faculty salaries and bonuses, and lower percentage loss of faculty over the previous five years (*P* = 0.018); strengthened institutional research tools (*P* = 0.00015) and funded faculty research time (*P* = 0.045) and greater faculty involvement in research; and country compulsory service requirements (*P* = 0.039), a moderate number (1-5) of post-graduate medical education programs (*P* = 0.016) and francophone schools (*P* = 0.016) and greater rural general practice after graduation.

For article: http://www.human-resources-health.com/content/10/1/4

MISCELLANEOUS INFORMATION

Dr. Nanshep Daniel Gobgab was recently appointed the new Secretary General of the Christian Health Association of Nigeria. He assumed office on the 1st of January 2012. Until his appointment as Secretary General, he was the Director of Primary Health care Services Programs of CHAN where he provided Technical leadership for operations. Earlier, he served as Director of Health and Social Services, Church of Christ in Nigeria (COCIN) responsible for overall leadership on health for the denomination which has 5 hospitals and over 50 dispensaries and PHC Centres.

Please welcome Dr. Gobgab at: ngobgab@channigeria.org

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

Hotline HRH is supported by CapacityPlus, the USAID-funded global project uniquely focused on the health workforce needed to achieve the Millennium Development Goals. The views expressed in this document do not necessarily reflect the views of the United States Agency for International Development or the United States Government.