

Number 81, May 2013

Hotline HRH



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

TABLE OF CONTENTS

1. Resources	Page 2
2. Trainings/Workshops Information	Page 4
3. Articles of Interest	Page 5

RESOURCES

Labor Market for Health Workers in Africa: A New Look at the Crisis

This book sheds light on the status of health worker need, supply, and distribution across Africa. It analyzes regional and country data to address six key issues: the specific levels of human resources for health in Africa; differences in human resources for health across countries; changing roles of the public and private sector in the healthworker market; motivation for health worker performance; health worker training; and producing health workers.

The book draws on the lessons, knowledge, and data gathered by the World Bank's Africa Region Human Resources for Health Program. For the first time, the various complexities of HRH labor markets are addressed comprehensively in one volume. Given the increasing demand in countries for strong health workforces that can help achieve universal health coverage, we hope this book will be beneficial to researchers, policy makers, and practitioners who are trying to develop evidence-based HRH interventions to achieve this end.

To access this resource: <http://www.scribd.com/doc/135086706/The-Labor-Market-for-Health-Workers-in-Africa>

HOW TO GOVERN THE HEALTH SECTOR AND ITS INSTITUTIONS EFFECTIVELY

Governance is an increasingly important topic for health leaders and managers around the world. What is effective governance? How can those working in the health sector practice it to strengthen their ministry or institution? What practices enable effective governance and how can these be embraced?

To answer these questions, the USAID-funded Leadership, Management and Governance (LMG) Project gathered insights from more than 500 health sector leaders, managers, and people who govern, as well as a review of the literature, to identify effective governing practices and the factors that facilitate effective governance.

To access the resource: <http://www.lmgforhealth.org/sites/lmgforhealth.org/files/files/eManagerDesignDraft-April9-final.pdf>

Creating an Enabling Environment for Human Resources for Health Program Implementation in Three African Countries

Over the past decade, global and national health leaders have increasingly recognized the importance of investing in human resources for health (HRH) in order to scale up service delivery and meet the Millennium Development Goals. This prioritization has resulted in increased attention to and funding for HRH. Despite these advances, insufficient progress has been made in implementing HRH interventions to improve access to qualified health workers. Therefore, this qualitative study

was conducted to determine the factors that define the enabling environment for successful implementation of HRH interventions in three countries: Kenya, Tanzania, and Uganda.

For full document: <http://www.capacityplus.org/files/resources/creating-an-enabling-environment-for-hrh-program-implementation.pdf>

World Health Statistics 2013

The world has made dramatic progress in improving health in the poorest countries and narrowing the gaps between countries with the best and worst health status in the past two decades, according to the *World Health Statistics 2013*. “*Intensive efforts to achieve the Millennium Development Goals have clearly improved health for people all over the world,*” says Dr Margaret Chan, Director-General of WHO.

World Health Statistics 2013 contains WHO’s annual compilation of health-related data for its 194 Member States, and includes a summary of the progress made towards achieving the health-related Millennium Development Goals (MDGs) and associated targets.

This year, it also includes highlight summaries on current trends in official development assistance (ODA) for health.

Progress on the health - *Available in 3 languages English French Spanish*

Available online at: http://www.who.int/gho/publications/world_health_statistics/2013/en/index.html

GBD 2.0: a continuously updated global resource

“....The Global Burden of Disease Study 2010 (GBD 2010) provides a comprehensive and coherent assessment of the state of the world's health from 1990 to 2010.1—7 With consistent definitions, standardised approaches to data quality, and consistent modelling strategies, GBD 2010 assesses mortality, premature mortality, and disability caused by a detailed list of diseases, injuries, and risk factors.

The analysis is undertaken in great detail, covering 187 countries, two decades, both sexes, and 20 age groups....”

“....Substantial efforts have gone into the creation of a network of experts, systematisation of data, and production of a coherent set of estimates. A shift to an annual or more frequent revision is a huge change. Building of strong links to national health information systems will be essential, as will development of incentives for long-term involvement of experts worldwide. A continuing assessment with a network of national collaborators will naturally lead to identification of clear data gaps and opportunities to strengthen national information systems.”

To download this publication: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60225-1/fulltext#article_upsell](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60225-1/fulltext#article_upsell)

TRAINING/WORKSHOP INFORMATION

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

Gender, Rights and Health e-learning course

Course date: September 2 – November 8, 2013

Health programmes and health policies are often developed without taking into consideration the gender dimensions and rights perspective into consideration. This course equips participants with concepts, tools and analytical frameworks to analyze health programmes, policies and research from a gender and rights perspective. The course will take place in a Virtual Learning Community – a web-based learning arrangement.

For additional information: [http://www.kit.nl/kit/Gender,-rights-and-health-\(e-learning\)](http://www.kit.nl/kit/Gender,-rights-and-health-(e-learning))

Gender equity in value chain development

Course date: November 4 – November 15, 2013

NFP scholarship deadline: May 7, 2013

Drawing from a multitude of practiced based case material, this 10-day course offers strategies and tools to design value chain interventions that have positive impact both on gender equality and business development of the value chain itself. This participatory experience based course offers you a framework to help plan and implement value chain interventions in such a way that women benefit more from value chains, while at the same time increasing business development opportunities within the chain as a whole. For this course and a number of other advanced courses, participants can apply for funding from the Netherlands Fellowship Programme (NFP).

For additional information: <http://www.kit.nl/kit/DEV-Training-Value-chain-development-Gender-in-value-chains>

The mHealth Summit 2013

Call for Presentations by June 7, 2013

The 2013 mHealth Summit will feature the second-annual Global Health track, which will showcase applications of mobile technology in a global setting, with a particular emphasis on low- and middle-income countries.

This cross-cutting track will highlight mHealth efforts to improve health outcomes, including proven approaches and lessons learned from the field.

Key regions of interest include: Africa, South-east Asia, Latin America and the Middle-East.

Topics Include:

- Sustainability Models in Low and Middle Income Countries
- Effective Partnerships for Scale
- mHealth for Women's Empowerment
- mHealth for Youth Engagement & Empowerment
- Design and User Feedback/Experience in mHealth
- Aging and/or Managing Chronic Disease

Website: <http://www.mhealthsummit.org/program-details/call-presentations>

ARTICLES OF INTEREST

Evaluation of a Well-Established Task-Shifting Initiative: The Lay Counselor Cadre in Botswana

While evidence supports task shifting to address health worker shortages, there is a need to learn from large-scale, established programs to identify ways to achieve the largest, most sustainable impact. Several recent literature reviews have highlighted this gap in the literature and accentuated the need to better understand how to make the best use of the task-shifting approach and how to use task shifting to achieve the strongest impact.

This study examined the role of lay counselors in the provision of HIV services in Botswana's health facilities from 2002 to 2010 to identify factors related to the effectiveness of the cadre and their contribution to the health workforce. Specifically, the objectives of this evaluation were to: describe the demographic characteristics and duties of the lay counselor cadre; examine the performance of the lay counselors in terms of their knowledge, skills, and their contribution to the health workforce; and explore factors related to the performance of the cadre.

To access document: http://www.hrhresourcecenter.org/lay_counselor_botswana

Why Mao's 'Barefoot Doctors' make sense in Tanzania

The famous English adage, "Old is gold", made sense in Tanzania's healthcare planning last week as the government reiterated its willingness to revive and modernise rural health workers, a cadre that has long been neglected and sidelined in the national quest to provide vital social services.

The rural health personnel, popularly known as "community health workers" were at the core of a three-day multinational workshop held in Ifakara, Morogoro, where eight countries convened to strategise on how to steer up a campaign to achieve the Millennium Development Goal for health. The discussions at the forum, which were immensely inspired by the 'One Million Community Health Workers (CHWs)' campaign, meant to find a way of supporting African governments in mobilising lay health workers to reach the most vulnerable populations in society.

With the idea of getting at the crux of the acute shortage of the rural health workforce, many public health pundits who were at the forum believe that community health workers should not be ignored, even though modern evidence-based medicine still dominates as the mode of health care delivery today.

They envisage a more modern and technologically advanced form of rural health workers, to be better equipped than those who used to serve in China in the era of Chairman Mao Zedong--China's founding father of socialism.

During Mao's era, such health workers were known as 'Barefoot Doctors'. They were in fact lay persons with only six months of training who were sent out to the countryside to open rural clinics, provide immunisations and offer basic medical care.

For full article: <http://thecitizen.co.tz/news/4-national-news/30893-why-maos-barefoot-doctors-make-sense-in-tanzania>

Community health workers means to universal health care (Kenya)

As the new Government works out a formula for delivering on the campaign pledge regarding provision of health care, experts say that deployment of community health workers holds the key to extending health care delivery and improving health outcomes.

They say there is good evidence that when implemented well, community based health programmes reduce infant and child mortality and morbidity; increase numbers of women delivering in health institutions and increase immunisation rates.

Writing in the current issue of the Bulletin of the World Health Organisation, the authors say their findings had shown that community health workers (CHWs), who currently work virtually as volunteers, can be particularly effective for addressing the most common causes of paediatric mortality and morbidity, such as pneumonia, diarrhoea, under-nutrition, malaria and HIV/Aids.

CHWs are lay people who live in the communities they serve. They function as a critical link between those communities and the primary- health-care system. However, they receive little recognition, training or remuneration.

Much of the hesitation in incorporating them into the formal health system has been brought about by lack of data on what it would cost, even though the positive impact of their work has been recognised in many pilot programmes.

For full article: http://www.standardmedia.co.ke/?articleID=2000081024&story_title=community-health-workers-means-to-universal-health-care&pageNo=1

Understanding the factors influencing health-worker employment decisions in South Africa

The provision of health care in South Africa has been compromised by the loss of trained health workers (HWs) over the past 20 years. The public-sector workforce is overburdened. There is a large disparity in service levels and workloads between the private and public sectors. There is little knowledge about the nonfinancial factors that influence HWs choice of employer (public, private or nongovernmental organization) or their choice of work location (urban, rural or overseas). This area is under-researched and this paper aims to fill these gaps in the literature.

The study utilized cross-sectional survey data gathered in 2009 in KwaZulu-Natal province. The HWs sample came from three public hospitals (n = 430), two private hospitals (n = 131) and one nongovernmental organization hospital (n = 133) in urban areas, and consisted of professional nurses, staff nurses and nursing assistants.

HWs in the public sector reported the poorest working conditions, as indicated by participants' self-reports on stress, workloads, levels of remuneration, standard of work premises, level of human resources and frequency of in-service training. Interesting, however, HWs in the nongovernmental organization sector expressed a greater desire than those in the public and private sectors to leave their current employer.

To minimize attrition from the overburdened public-sector workforce and the negative effects of the overall shortage of HWs, innovative efforts are required to address the causes of HWs dissatisfaction and to further identify the nonfinancial factors that influence work choices of HWs. The results highlight the importance of considering a broad range of nonfinancial incentives that encourage HWs to remain in the already overburdened public sector.

To access article: <http://www.human-resources-health.com/content/11/1/15/abstract>

Network of African Parliamentary Committees of Health to Focus on Health Workforce Issues

The steering committee of the Network of African Parliamentary Committees on Health (NEAPACOH) has decided that human resources for health (HRH) will be one of its main areas of focus for the next two years, along with maternal health, family planning, and health financing. The decision came at a meeting of the committee in Kampala, Uganda on April 12, hosted by CapacityPlus associate partner Partners in Population and Development (PPD).

As an intergovernmental alliance of developing countries, PPD works with the network of parliamentarians as part of its advocacy to promote South-South cooperation toward attainment of the global population and reproductive health agenda for sustainable development.

NEAPACOH, which initially included parliamentarians from 18 southern and eastern African countries, has now expanded its scope to embrace the whole of Africa.

For full article: <http://www.capacityplus.org/network-to-focus-on-health-workforce>

Gabon gets everyone under one social health insurance roof

Michel Mboussou, who heads Gabon's National Health Insurance and Social Welfare Fund, has every reason to be a happy man.

During his tenure, as director-general of the Caisse Nationale d'Assurance Maladie et de Garantie Sociale (CNAMGS) in this Central African country, he has seen the steady extension of health-care coverage to the country's different socioeconomic groups, bringing everyone under one social health insurance roof.

When the CNAMGS was launched in 2008, it started to extend coverage to Gabon's poorest people, including students and the elderly. In 2011, coverage was extended to public sector workers.

This year it has started providing coverage to private sector workers, previously covered by the Caisse Nationale de Sécurité Sociale (National Social Security Fund), which is being wound down. "We began registration of private sector workers in March and the process will probably be completed this year," says Mboussou.

When Gabon finally completes the last phase in the roll-out of social health insurance – expected to

happen this year or next – it will be a major step towards bringing to a close four decades of hit-and-miss attempts to meet the health needs of the country's 1.5 million people.

For full article: <http://www.who.int/bulletin/volumes/91/5/13-020513.pdf>

Mapping of available health research and development data: what's there, what's missing, and what role is there for a global observatory?

The need to align investments in health research and development (R&D) with public health demands is one of the most pressing global public health challenges. We aim to provide a comprehensive description of available data sources, propose a set of indicators for monitoring the global landscape of health R&D, and present a sample of country indicators on research inputs (investments), processes (clinical trials), and outputs (publications), based on data from international databases. Total global investments in health R&D (both public and private sector) in 2009 reached US\$240 billion. Of the US\$214 billion invested in high-income countries, 60% of health R&D investments came from the business sector, 30% from the public sector, and about 10% from other sources (including private non-profit organisations). Only about 1% of all health R&D investments were allocated to neglected diseases in 2010. Diseases of relevance to high-income countries were investigated in clinical trials seven-to-eight-times more often than were diseases whose burden lies mainly in low-income and middle-income countries. This report confirms that substantial gaps in the global landscape of health R&D remain, especially for and in low-income and middle-income countries. Too few investments are targeted towards the health needs of these countries. Better data are needed to improve priority setting and coordination for health R&D, ultimately to ensure that resources are allocated to diseases and regions where they are needed the most. The establishment of a global observatory on health R&D, which is being discussed at WHO, could address the absence of a comprehensive and sustainable mechanism for regular global monitoring of health R&D.

For full article: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)61046-6/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)61046-6/abstract)

Poor retention does not have to be the rule: retention of volunteer community health workers in Uganda

Globally, health worker shortages represent a serious constraint for health systems. 'Task-shifting' and mobilization of community health workers are increasingly being promoted to extend primary health care to underserved populations in resourcepoor settings (WHO et al. 2008; East, Central and Southern Health Community 2010; Nabudere et al. 2010; Fulton et al. 2011; Dambisya and Matinhure 2012). Community health workers are a cadre of local community members who receive short training to conduct health education and sometimes treat illness; they may or may not be remunerated (Lehmann 2007). The use of community health workers holds tremendous potential to extend access to very basic health care in SubSaharan Africa where the population is mainly rural, health indicators are poor, and health worker shortages and financing constraints are immense. Evidence for community health worker effectiveness in improving child health is growing. Extensive community health worker programmes are being scaled-up throughout Sub-Saharan Africa (Canadian International Development Agency 2010), including in Uganda where the Ministry of Health has begun rolling out its national village health team strategy (Nsungwa-Sabiiti et al. 2004; Nsabagasani et al. 2007; Uganda Ministry of Health et al. 2010).

The challenge of motivating, and in turn, retaining community health workers is of paramount importance as poor motivation and high drop-out rates can impact programme effectiveness, cost and sustainability (Khan et al. 1998; Bhattacharyya et al. 2001; Shrestha 2003; Standing and Chowdhury 2008; Rahman et al. 2010; World Health Organization and Global Health Workforce Alliance 2010).

Some authors suggest attrition is higher, especially in largescale programmes, when workers are not paid (Gilson et al. 1989; Walt et al. 1989; Bhattacharyya et al. 2001; Lehmann 2007), while others question the ethics of using volunteer labour in very poor communities (Maes et al. 2010). However, volunteerism in developing countries remains poorly understood (Dingle 2001). While the World Health Organization is encouraging greater financial remuneration of community health workers as a means of improving motivation and retention (WHO et al. 2008; World Health Organization and Global Health Workforce Alliance 2010), the resources required, even for minimal remuneration, may not be available in resource-constrained countries.

For full article: <http://heapol.oxfordjournals.org/content/early/2013/05/06/heapol.czt025.full.pdf+html?sid=fd6a938d-8637-4ff3-9ea0-613c7609f01f>

GSK to contribute \$750,000 to One Million Community Health Workers Campaign

With a view to expand the reach of health care services in sub-Saharan Africa, GlaxoSmithKline (GSK), one of the world's leading research-based pharmaceutical and healthcare companies will be contributing \$750,000 to the One Million Community Health Workers Campaign. This announcement was made at the African Union Summit.

This funding will be used to create a new online "Operations Room" that will track the scale-up of community health workers and will serve as a central database of information for the Campaign, which is working with Ministries of Health in Africa to train, equip and deploy enough health workers to provide basic health care to millions of underserved people. By upgrading the quality and expanding the numbers of community health worker systems to provide national coverage, the Campaign hopes to help sub-Saharan African countries achieve the health-related Millennium Development Goals by 2015.

For full article: <http://www.pharmabiz.com/NewsDetails.aspx?aid=75569&sid=2>

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:

Erika Pearl
IMA World Health
erikapearl@imaworldhealth.org
Skype: erikapearl

HRH Document Portal Access Information

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

USER NAME: guest

PASSWORD: twghrh

Documents

<http://africachap.org>

Document Section