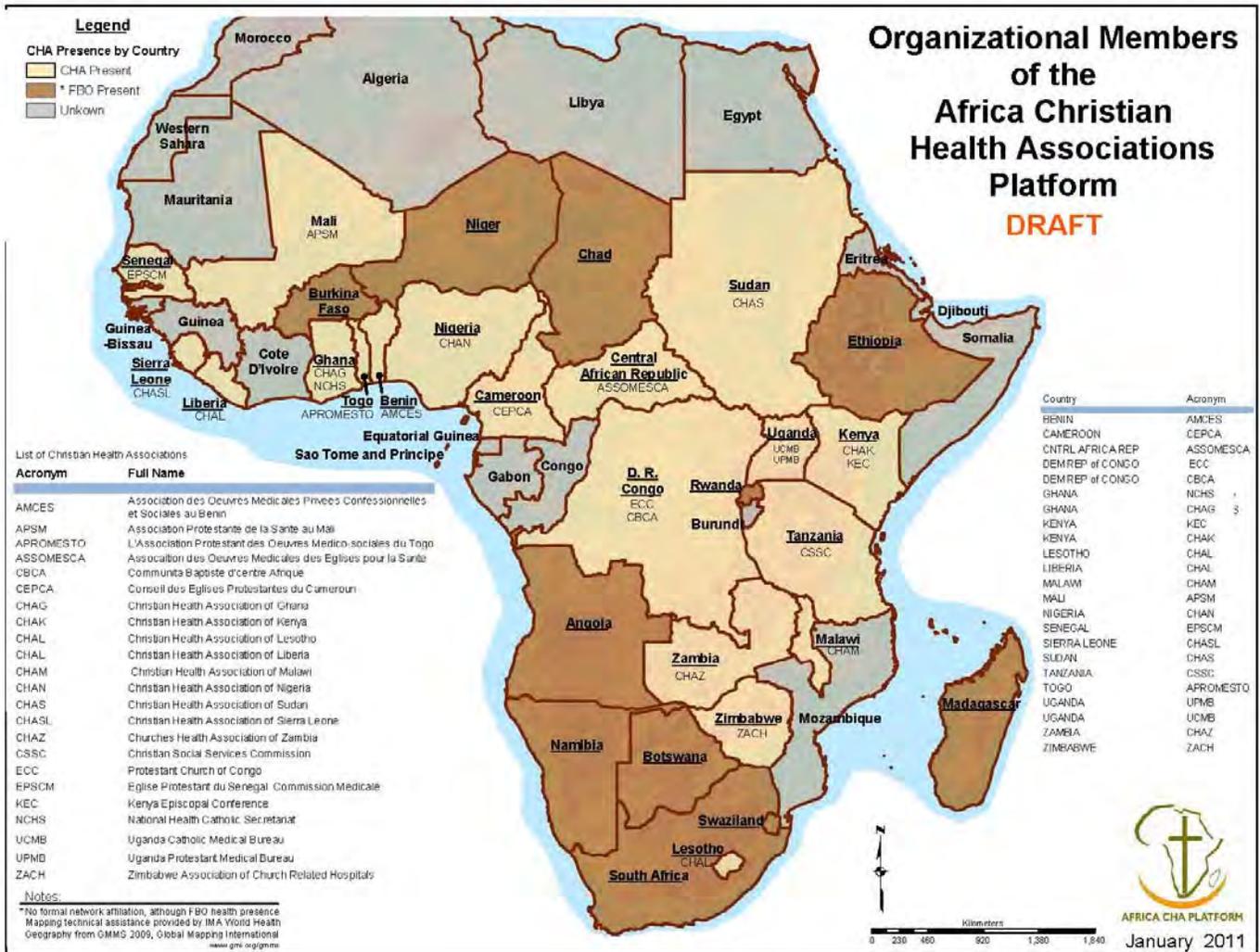


Number 71, July 2012

# Hotline HRH



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

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## RESOURCES

### **Family Planning Programs for the 21st Century: Rationale and Design**

The evidence is clear: Family planning improves health, reduces poverty, and empowers women. Yet, today, more than 200 million women in the developing world want to avoid pregnancy but are not using a modern method of contraception.

If demand for family planning were met, 54 million unintended pregnancies, more than 79,000 maternal deaths, and more than a million infant deaths could be averted each year. Families could save more and begin to break the grip of poverty. And communities could make greater investments in education, health care, and infrastructure.

This publication provides a roadmap to help policymakers and donors in priority countries implement high-quality family planning programs. The book explains the rationale for increased funding and support for voluntary family planning, and outlines how reinvigorated programs should be structured to operate most effectively.

To download the publication: [http://www.popcouncil.org/publications/books/2012\\_FP21stCentury.asp](http://www.popcouncil.org/publications/books/2012_FP21stCentury.asp)

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### **Enabling solutions, ensuring healthcare**

The Global Health Workforce Alliance celebrated its fifth anniversary in May 2011, which marked the mid-point in our initial ten-year mandate. In this spirit, 2011 signalled a need for reflection and assessment; a time to consider the positive contributions the Alliance made over the course of the last five years and refocus on what remains to be done.

There were a number of high points in the year. In January, the Alliance showcased its role as a powerful and effective convenor at the Second Global Forum on Human Resources for Health in Bangkok. The Forum brought together more than 1000 individuals dedicated to the human resources for health (HRH) cause, representing the broad spectrum of actors, organizations and governments engaged in finding solutions to health worker challenges.

The Alliance reinforced the momentum that was built at the Forum by taking its key messages and recommendations out to the wider world, capitalizing on several opportunities for policy dialogue at the global level throughout the year, most notably in the realms of noncommunicable diseases, maternal and child health and HIV/AIDS. Each opportunity was used to position HRH firmly on the agenda, and sustain high-level political commitment and goodwill to strengthen the health workforce.

The Alliance continued to extend its direct support to countries facing critical HRH challenges through the Country Coordination and Facilitation process. This approach has already started to show results in terms of greater inclusiveness in health workforce coordination and planning, greater

integration of health workforce objectives in national health strategies, and accelerated implementation of HRH plans.

Work was also initiated on a number of activities that will contribute to policy dialogue on priority HRH topics. These include the role of front-line mid-level health workers, the contribution of the private sector, and specific tools to support national health workforce policy and planning processes.

The solid achievements and progress of 2011 illustrate the many contributions and value added by the Alliance over the past five years, and are intrinsically linked to the accomplishments and contributions of more than 300 member and partner organizations that, together, constitute the global network of the Alliance.

In 2012, the Alliance will embark on a new cycle with a new strategy for its second phase (2013–2016), taking into account the successes and lessons learnt over its first five years of operation, and the findings of an external evaluation commissioned by the Board, conducted in the second half of 2011.

The Alliance has an ongoing obligation and responsibility to tackle the unfinished HRH agenda during the next phase of its mandate, which it will strive to do while anticipating, responding to and monitoring key developments and challenges in the evolving HRH environment.

For full report: [http://www.who.int/workforcealliance/knowledge/resources/ghwa\\_anual\\_report\\_2011.pdf](http://www.who.int/workforcealliance/knowledge/resources/ghwa_anual_report_2011.pdf)

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### **More money for HRH: more HRH for the money**

Health costs are spiralling out of control all over the world in context of global financial crisis while some countries are still struggling to offer basic health services. The health sector in Sub-Saharan Africa is most often unfunded, including the health workforce, which represents the single largest item in health budgets. On the other hand, countries do not meet the minimum health staffing levels to provide essential care.

Ministries of Finance and Health need to jointly identify and allocate additional financial resources - for HRH - to maximize the efficiency and effectiveness of current capital and recurrent expenditures.

For full report: [http://www.who.int/workforcealliance/knowledge/resources/HRHFinancing\\_topicbrief.pdf](http://www.who.int/workforcealliance/knowledge/resources/HRHFinancing_topicbrief.pdf)

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### **EPN Forum 2012 report now available**

The EPN Forum and General Meeting were held from 21<sup>st</sup> to 23<sup>rd</sup> March 2012, in Addis Ababa, Ethiopia. The theme of discussions was 'Access to quality medicines: priority needs, priority actions for today and tomorrow'. The Forum Report is now available for download.

The Forum was a success and brought together 62 representatives from member and non-member institutions. About 20 high level speakers connected general approaches in fields of procurement, supply chain, quality of medicines, and non-communicable disease with practical results and successes within the network.

To access the meeting report: <http://www.epnetwork.org/forum-2012>

## HR mapping studies

In 2008, 2009 and 2010, EPN together with several member institutions carried out surveys to investigate the situation of pharmaceutical human resources in church health facilities in 8 countries in sub-Saharan Africa. The studies' results are now summarized in brief research papers.

In 2008 and 2009, mapping studies were done in Cameroon (CBC), Chad (Koyom), Kenya (MEDS), Malawi (CHAM), Nigeria (Chan Medi-Pharm), Rwanda (BUFMAR) and Tanzania (MEMS). In December 2010, a mapping study was done in Ghana (CHAG).

The results generally revealed that, except for Nigeria, there were very few pharmacists in the Church health sector. While in Cameroon and Tanzania 64% and 63% of the staff in pharmaceutical departments had received some pharmaceutical training, in Malawi only 12% of staff had. In Cameroon and Tanzania, 15% and 19% of the surveyed institutions had no pharmaceutically trained personnel at all. In Nigeria and Kenya 33% and 31% of the pharmacy departments are headed by non-pharmaceutically trained staff.

### Background and purpose

Early in 2008, EPN developed tools and a protocol to map out and identify pharmaceutical human resources in the church health services in sub-Saharan Africa, and the available training facilities. The purpose of this exercise was to identify the capacities of human resources available within church health services as a starting point for working towards building this capacity. Enhancing the capacity of human resources will contribute to increasing access to medicines. In addition EPN wanted to link with pharmaceutical personnel who wish to get support in the form of regular pharmaceutical and other relevant information.

The methodology used by EPN to carry out the study was through questionnaires which were completed at institution level, individual pharmacy staff level and national levels. After collecting, analyzing and sharing the data, EPN set out to develop a curriculum to train pharmacy staff with no formal training, teaching them about the essentials of pharmacy practice.

To access reports: <http://www.epnetwork.org/hr-mapping-studies>

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## Priority-Setting in Health: Building Institutions for Smarter Public Spending

Health donors, policymakers, and practitioners continuously make life-and-death decisions about which type of patients receive what interventions, when, and at what cost. These decisions—as consequential as they are—often result from ad hoc, nontransparent processes driven more by inertia and interest groups than by science, ethics, and the public interest. The result is perverse priorities, wasted money, and needless death and illness. Examples abound: In India, only 44 percent of children 1 to 2 years old are fully vaccinated, yet open-heart surgery is subsidized in national public hospitals. In Colombia, 58 percent of children are fully vaccinated, but public monies subsidize treating breast cancer with Avastin, a brand-name medicine considered ineffective and unsafe for this purpose in the United States.

Reallocating a portion of public and donor monies toward the most cost-effective health interventions would save more lives and promote health equity. The obstacle is not a lack of knowledge about what interventions are best, but rather that too many low- and middle-income countries lack the fair processes and institutions needed to bring that knowledge to bear on funding decisions. With that in mind, the Center for Global Development's Priority-Setting Institutions for Global Health Working

Group recommends creating and developing fair and evidence-based national and global systems to more rationally set priorities for public spending on health. The group calls for an interim secretariat to incubate a global health technology assessment facility designed to help governments develop national systems and donors get greater value for money in their grants.

To download resource: <http://www.cgdev.org/content/publications/detail/1426240/>

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### **New Toolkit to Measure Program Success Now Available**

The Measuring Success Toolkit: Using Data for Health Program Planning, Monitoring and Evaluation, was recently launched by the Measurement, Learning & Evaluation Project for the Urban Reproductive Health Initiative, in collaboration with MEASURE Evaluation.

This toolkit provides guidance on how to use data to plan a health program and to measure its success through monitoring and evaluation (M&E). Through a simple step-by-step approach, the toolkit explains the fundamental differences between monitoring and evaluation and gives a useful perspective on the types of questions that M&E can answer.

The toolkit also provides more in-depth information about key M&E topics, including:

- frameworks
- indicators
- data sources
- study designs for evaluation
- sharing and using data by applying knowledge management and data demand and use principles
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Links to important resources that have been selected by M&E experts are also provided for those with more experience or those needing to delve into further details and specific examples in health programs ranging from family planning/reproductive health, HIV/AIDS, tuberculosis, and maternal and child health to water and sanitation, malaria, and neglected tropical diseases.

For more information on using data for health program planning, monitoring, and evaluation, visit the Measuring Success Toolkit: <http://toolkits.urbanreproductivehealth.org/toolkits/measuring-success>

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### **Health Sector Budget Advocacy: A guide for civil society organizations**

With the objective of supporting greater community empowerment and accountability in the health sector, this Guide seeks to demystify health budgets and motivate civil society to understand and influence them. The Guide aims to help civil society learn the basics of health budgets, identify trends in their country or district and to plan an advocacy strategy.

Aspects of strategy planning include engaging partners, analysing budgets and using findings to ensure maximum impact. The Guide is populated with case studies including a pilot in Sierra Leone which demonstrate how health budget advocacy can have a significant impact.

To access this document: <http://www.savethechildren.org.uk/resources/online-library/health-sector-budget-advocacy-guide-civil-society-organisations>

## National eHealth Strategy Toolkit

The World Health Organization (WHO) and the International Telecommunication Union (ITU) are pleased to present this National eHealth Strategy Toolkit. WHO and ITU have a long history of working together, and this new publication represents one of our most substantial and significant collaborations of recent years. It fully reflects the importance that the governing bodies of our two organizations attach to the development of national eHealth strategies. This is a shared work that reflects a shared goal – responding to the needs of countries, at every level of development, who seek to adapt and employ the latest information communication technologies (ICT) in health for the measurable benefit of their citizens. The National eHealth Strategy Toolkit is a milestone in our understanding of what eHealth is, what it can do, and why and how it should be applied to health care today.

The Toolkit is a comprehensive, practical guide that all governments, their ministries, departments and agencies can adapt to suit their own circumstances and their own vision and goals. Its publication is very timely. This is a period when all health systems face stringent economic challenges, greater demands for efficiencies and higher expectations from citizens. There is, everywhere, an urgent challenge to provide more care and better care to more people, especially those most in need.

This Toolkit expertly demonstrates how all nations can rise to that challenge, each in its own way. While it brings the sectors of health and ICT much closer together, the Toolkit also encourages the active participation of a wider range of stakeholders, including the general public, reflecting important issues of social justice and equity. By bringing all of these interested parties together, the Toolkit offers them a chance to share in a unique national project whose ambition is nothing less than to achieve lasting progress in public and individual health.

To access: [http://www.itu.int/dms\\_pub/itu-d/opb/str/D-STR-E\\_HEALTH.05-2012-PDF-E.pdf](http://www.itu.int/dms_pub/itu-d/opb/str/D-STR-E_HEALTH.05-2012-PDF-E.pdf)

## TRAINING/WORKSHOP INFORMATION

### **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>

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### **Nursing Education in Africa – Changes and Challenges**

7th – 8th November 2012

Capital Hotel in Lilongwe, Malawi

The purpose of the conference is to create a forum for researchers, educators and policymakers to share experiences and results of research and development, as well as to exchange and explore opportunities and possible synergies for strengthening nursing education in Africa.

Most of the knowledge on nursing education is developed outside Africa and does not necessarily fit the needs and conditions in African contexts. So far there is very little research on nursing education related to African contexts. The conference hopes to inspire and stimulate research in this field.

The conference will also provide an arena for sharing accomplishments of the seven years that the project “Improved Health Training in Malawian Nursing Colleges” has existed highlighting the competences and experiences that have been developed as result of the project.

The conference focuses on a range of different themes related to nurse /midwife education in Africa.

For further details: <http://www.kirkensnodhjelp.no/en/News/Latest-news/nursing-education-in-africa/>

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### **An Introduction to Monitoring and Evaluation of Human Resources for Health—an e-learning course**

The HRH Global Resource Center (GRC) has published a new eLearning course on monitoring and evaluation as it relates to human resources for health. “An Introduction to Monitoring and Evaluation of Human Resources for Health” provides a basic introduction to monitoring and evaluation concepts and how they apply to the field of human resources for health (HRH) to inform evidence-based planning and decision-making. The course was written by Sara Pacqué-Margolis, the Director of Monitoring and Evaluation for CapacityPlus, and Crystal Ng, Monitoring and Evaluation Officer for Capacity-

*Plus*, and developed in collaboration with the GRC team.

As with all courses on the GRC eLearning Platform, “An Introduction to Monitoring and Evaluation of Human Resources for Health” is a low-bandwidth friendly, free, open course available to anyone who wishes to learn about the topic. We welcome you to sign up for a free eLearning account and to expand your knowledge of HRH topics.

- Visit the GRC eLearning Platform: <http://www.hrhresourcecenter.org/elearning/>
- Access “An Introduction to Monitoring and Evaluation of Human Resources for Health”: <http://www.hrhresourcecenter.org/elearning/course/view.php?id=11>

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## **Publication d’un cours en ligne sur le genre par le Centre de documentation mondial des RHS**

Le Centre de documentation mondial des RHS (GRC) vient de publier un nouveau cours en ligne en français sur la notion de genre, un sujet d’une importance capitale dans les domaines des ressources humaines pour la santé et de la santé mondiale. Ce cours intitulé « Fondations de l’égalité des genres au sein du personnel de santé » a pour but d’exposer les participants à des concepts, des questions et des normes essentiels relatifs à l’égalité des genres parmi les effectifs sanitaires, et notamment les protections légales et politiques disponibles. Ce cours a été écrit par Constance Newman, haute-conseillère technique d’IntraHealth en charge de l’égalité des genres et des droits des femmes, et par Catherine Murphy, conseillère d’IntraHealth en matière de formation et d’apprentissage, et développé en collaboration avec l’équipe du GRC.

Comme pour tous les autres cours disponibles sur la plateforme d’apprentissage du GRC, le cours sur les Fondations de l’égalité des genres au sein du personnel de santé est gratuit, ouvert à quiconque souhaitant se former sur la question, et demeure accessible pour les connexions à bande passante réduite. Nous vous invitons à vous inscrire pour disposer d’un compte d’apprentissage en ligne gratuit et ainsi élargir vos connaissances dans le domaine des RHS.

- Rendez-vous sur la plateforme d’apprentissage en ligne du GRC : <http://www.hrhresourcecenter.org/elearning/>
- Accédez au cours sur les Fondations de l’égalité des genres au sein du personnel de santé: <http://www.hrhresourcecenter.org/elearning/course/view.php?id=12>

## **ARTICLES OF INTEREST**

### **Christian Health Association of Nigeria Advocates for stronger partnership**

The federal government of Nigeria has been tasked to enact laws that would specifically define the engagement of Faith Based Organisations in effective healthcare delivery activities in the country. The National Advocacy Committee, NAC, of the Christian Health Association of Nigeria, CHAN, who made the call in Abuja, also wants government to legislate for the provision of salaries and personal emoluments for Mission Health workers.

Speaking in Abuja during a visit by the NAC to the Senate Health Committee, Chairman of the NAC, Dr. Wale Okediran, said government at the top needed to support budgetary increases in the area of health care service delivery and ensure equitable distribution of health resources such as, infrastructure, drugs and medical supplies, personnel and equipment in the country.

In a presentation to the Senate Health Committee, Okediran said it had become necessary to have

in place a policy that recognises, encourages, supports and regulates the substantial contributions of CHAN and other FBOs to health care delivery, especially in the hard to reach areas of Nigeria.

According to the NAC Chairman, the deplorable condition of the Nigeria health system can largely be attributed to the lack of policies and legislation engaging the Faith based health institutions that provide health care services to 4 out of 10 Nigerians.

“This has resulted in high infant and maternal mortality in the rural communities and disadvantaged urban areas, thereby, threatening the continued existence of these Institutions that work 24 hours without strike, to save the lives of vulnerable and voiceless Nigerians,” he stated.

Noting that 40-70 percent of health care delivery in Nigeria is provided by the private sector, made up mostly of Faith-Based Organisation health facilities, Okediran lamented that Nigeria has no policy or legislation in place that recognises, rewards and supports agencies that provide such magnitude of healthcare delivery to Nigerians particularly in the hard to reach communities.

Okediran said allocation of less than 6 percent of annual budget to health instead of the agreed 15 percent as recommended by the World Health Organisation, had created a gap in health services as a result of which there is a heavy burden placed on CHAN Mission Institutions and FBOs who self - finance the provision of health services they deliver. He lamented that as a result of stiff regulatory standards from professional bodies, there was limitation to the functioning of CHAN, as a result of which it was becoming increasingly difficult to meet their overhead costs.

Urging the legislators to abide by the suggestions of the NAC, he argued that “There will be increased political will and commitment to the health care delivery in Nigeria as well as increased public trust in the legislature for making access to quality health care a reality in Nigeria.”

This article was featured recently in the publication ‘In Health’. It was written by Sola Ogundipe and provided by AHN member, Dr. Ernest Nwaigbo.

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### **Zambia: Empowering Country's Rural Health Sector**

Recently Finance Minister, Alexander Chikwanda announced that Zambia had acquired a \$50 million credit line from EXIM Bank of India for the construction of 650 rural health posts across the country.

He indicated that the rural treatment centres would be spread in all the districts of the 10 provinces of Zambia in consistence with Government's aspirations for focused and accelerated infrastructure development.

To show the importance of this line of thinking, President Michael Sata travelled to India to among others close the K260 billion deal.

In meeting Lucky Exports Director Diwakar Mishra and his Deputy T.P Singh in Ahmedabad, Gujarat West India, a presidential seal was given to this gigantic step.

On their part, the duo declared their intentions to visit Zambia prior to the construction of the facilities that would change the health sector landscape.

Their firm has also built health posts in Togo, Senegal, Ethiopia, Ghana, Sudan, Benin and Tanzania.

Of the close to 1,400 healthcare facilities in Zambia, more than 85 per cent are Government-run,

with the remainder being shared by both the private and religious sectors.

For full article: <http://allafrica.com/stories/201206280633.html>

### **“Even if You Know Everything You Can Forget”: Health Worker Perceptions of Mobile Phone Text-Messaging to Improve Malaria Case-Management in Kenya**

This paper presents the results of a qualitative study to investigate the perceptions and experiences of health workers involved in a cluster-randomized controlled trial of a novel intervention to improve health worker malaria case-management in 107 government health facilities in Kenya. The intervention involved sending text-messages about paediatric outpatient malaria case-management accompanied by “motivating” quotes to health workers’ mobile phones. Ten malaria messages were developed reflecting recommendations from the Kenyan national guidelines. Two messages were delivered per day for 5 working days and the process was repeated for 26 weeks (May to October 2009). The accompanying quotes were unique to each message. The intervention was delivered to 119 health workers and there were significant improvements in correct artemether-lumefantrine (AL) management both immediately after the intervention (November 2009) and 6 months later (May 2010). In-depth interviews with 24 health workers were undertaken to investigate the possible drivers of this change. The results suggest high acceptance of all components of the intervention, with the active delivery of information in an on the job setting, the ready availability of new and stored text messages and the perception of being kept ‘up to date’ as important factors influencing practice. Applying the construct of stages of change we infer that in this intervention the SMS messages were operating primarily at the action and maintenance stages of behaviour change achieving their effect by creating an enabling environment and providing a prompt to action for the implementation of case management practices that had already been accepted as the clinical norm by the health workers. Future trials testing the effectiveness of SMS reminders in creating an enabling environment for the establishment of new norms in clinical practice as well as in providing a prompt to action for the implementation of the new case-management guidelines are justified.

For full article: <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0038636>

### **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