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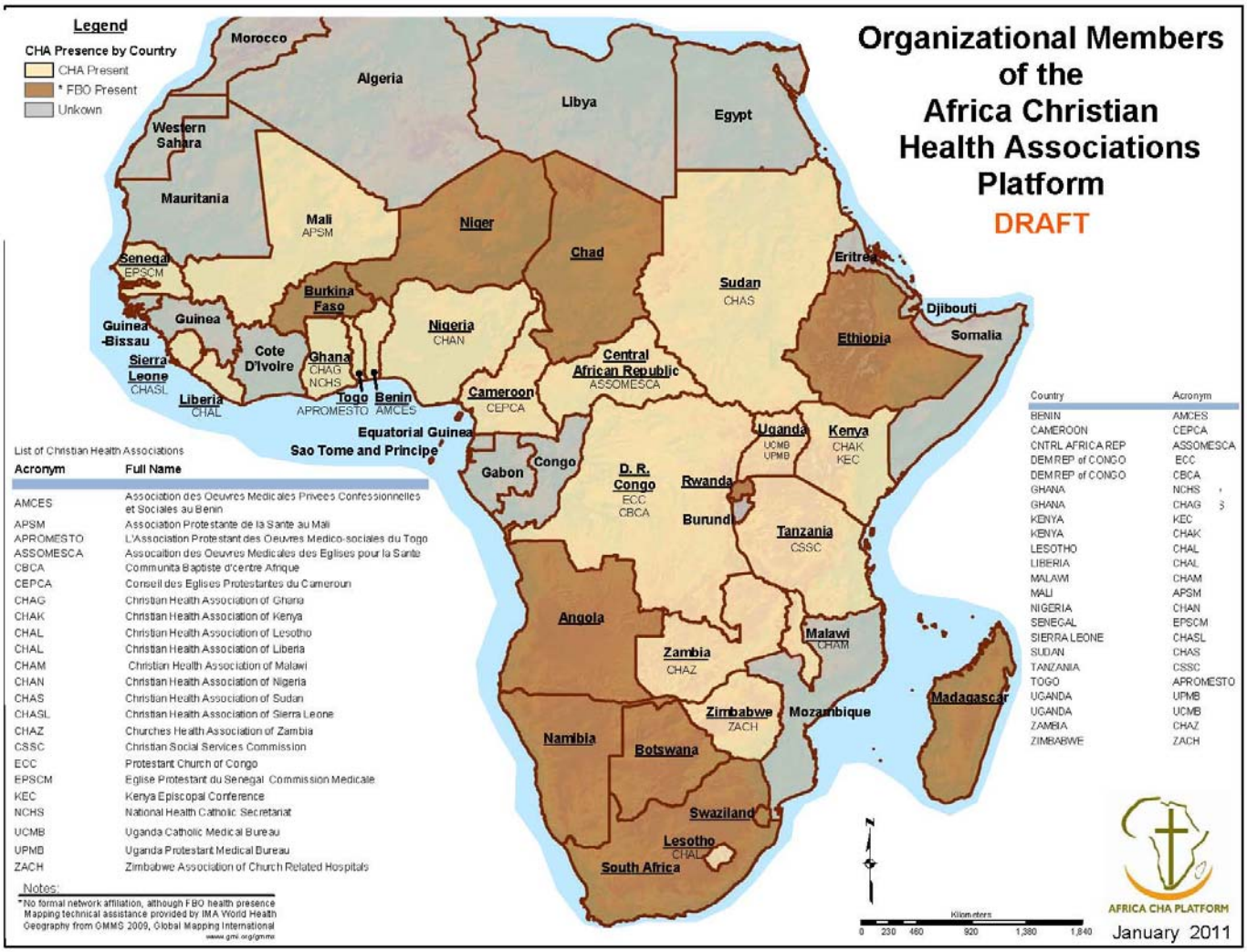
Hotline HRH



AFRICA CHA PLATFORM

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 3
3. Articles of Interest Page 5
4. Good Luck & Welcome Page 10

RESOURCES

African Index Medicus (AIM)

In order to give access to information published in or related to Africa and to encourage local publishing, the World Health Organization, in collaboration with the Association for Health Information and Libraries in Africa (AHILA), has produced an international index to African health literature and information sources.

To access AIM: http://indexmedicus.afro.who.int/

UNAIDS report: Together we will end AIDS

"….New report containing the latest data on numbers of new HIV infections, numbers of people receiving antiretroviral treatment, AIDS-related deaths and HIV among children. The report also gives an overview of international and domestic HIV investments and the need for greater value for money and sustainability…"

To access report: http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/20120718_togetherwewillendaids_en.pdf

Strengthening Strategic Health Information Systems in Kenya's North Eastern Province

Running from 2007- 2012, APHIA*plus* NAL has laid the foundation for the use of data for decision making at facility, district, provincial, and national levels. With a mandate to improve the quality of service delivery, building strategic health information systems capacity was integral to the APHIA*plus* NALstrategy. This technical brief discusses steps taken by the project to meet challenges to the use of strategic health information in Kenya's North Eastern Province, and provides recommendations for future similar efforts in comparable contexts.

To download report: http://www.pathfinder.org/assets/PathfinderInt-_AphiaPlusNALTechnicalBrief2012_FINAL_07-23-2012.pdf?x=141&y=18

MEDICC Review

MEDICC Review's aim is to bring Cuban medical and public health policy, research, programs and outcomes to the attention of the global health community, in order to enrich dialogue, debate and practice aimed at achieving equitable access to quality health care worldwide. Founded in 1999, *MEDICC Review*is the only English-language journal of its kind, providing medical and population health research by Cuban scientists, analysis of health and medicine developments in the country, and feature coverage of Cuban health policy, practice, outcomes and global health cooperation programs.

MEDICC Review also publishes work from international researchers, educators and professionals in the health sciences fields, giving preference to articles relevant to achieving health equity, universal coverage and quality health care in resource-constrained settings or for medically underserved populations.

MEDICC Review is a quarterly peer-reviewed journal published by Medical Education Cooperation with Cuba (MEDICC), a US non-profit organization, available in print (ISSN 1555-7960), and online (ISSN 1527-3172) as an open access publication at www.medicc.org/mediccreview. Subscriptions available for the print edition.

TRAINING/WORKSHOP INFORMATION

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

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/

Analyzing Disrupted Health Systems in Countries in Crisis

Course dates and location
November 19-29, 2012 in Karen, Nairobi, Kenya.

Application deadline
The application deadline is October 1st, 2012

This 10 day residential training programme for health professionals is focused on the analysis of health systems of countries affected by, or recovering from, protracted crises. It is organized jointly with the Centers for Disease Control (CDC), International Rescue Committee (IRC), Merlin, the World Health Organisation (WHO) and Agha Khan University (AKU).

The following subjects are covered during the course: · Complex emergencies: trends, challenges and impact · Humanitarian aid and its politics · Data and information challenges in crises · Challenges of complex emergencies to health systems · Health policies, strategies and plans · Key components of health systems in a crisis: health financing, the pharmaceutical sector, human resources, management systems etc. · The recovery process of the health sector

The course is intended for health professionals working in or on countries in crisis: health personnel in government institutions, NGOs, UN agencies and other humanitarian organizations. A small number of scholarships are available for Ministry of Health officials from post-conflict countries.

This short course can be taken on its own. However, the course is accredited through the tropEd network. Participants successfully completing the (optional) exam can gain 4 ECTS credits towards a Masters Degree.

For more information and/or application form:
Website: www.kit.nl/training
E-mail: courses@kit.nl

ARTICLES OF INTEREST

MCHIP Ghana Uses Mobile Phones to Enhance Health Worker Education

When Martha Serwah Appiagyei and her instructional team began preparing nursing, midwifery and public health tutors in Ghana to be more effective teachers, they had some reservations about how participants would receive a computer-based component of the course.

As expected, after the first participant received her learning module package, she immediately called the team at the U.S. Agency for International Development's Maternal and Child Health Integrated Program (MCHIP) to ask: *"How do I use this computer program? Can you talk me through it on the phone?"*

After a lengthy phone conversation, the participant was able to successfully complete the Jhpiego-developed *ModCAL® (Modified Computer-Assisted Learning) for Training Skills*—and Appiagyei and her MCHIP/Ghana colleagues, Susuana Van Brocke and Dorothy Akua Aikins, quickly developed an innovative strategy to deal with any additional requests that could delay their educational goals.

Their response to this challenge had the additional benefit of saving time and money in conducting this training that would help build the capacity of the next generation of health care providers in Ghana.

MCHIP, which is led by Jhpiego, is working to strengthen Ghana's pre-service education in midwifery, public health and community health nursing by helping tutors—who are responsible for thousands of students—become better teachers through training in effective teaching skills. This specialized training involves technical updates, demonstration and feedback sessions, teaching materials and follow-up mentoring, all led by a small team of technical advisors.

For full article: http://www.jhpiego.org/en/content/mchip-ghana-uses-mobile-phones-enhance-health-worker-education

Healthcare Workforce: Who Cares and Where?

Shortages in qualified and available HIV healthcare personnel exist globally and are especially acute in Africa. The healthcare workforce must be built up and sustained by governments and health institutions at all levels especially in high-impact places to assure the short and long-term health of all people living with HIV. Through innovative capacity building and educational approaches, the healthcare workforce is being expanded by governmental, professional, educational, and community institutions to create and train healthcare workers to meet the present and future needs of people living with HIV and AIDS. This session will present issues in the workforce crisis and highlight strategies being implemented to improve the numbers and quality of the HIV healthcare workforce.

To watch video: http://globalhealth.kff.org/AIDS2012/July-24/Healthcare-Workforce.aspx

Preferences for working in rural clinics among trainee health professionals in Uganda: a discrete choice experiment

Health facilities require teams of health workers with complementary skills and responsibilities to efficiently provide quality care. In low-income countries, failure to attract and retain health workers in rural areas reduces population access to health services and undermines facility performance, resulting in poor health outcomes. It is important that governments consider health worker preferences

in crafting policies to address attraction and retention in underserved areas.

We investigated preferences for job characteristics among final year medical, nursing, pharmacy, and laboratory students at select universities in Uganda. Participants were administered a cadre-specific discrete choice experiment that elicited preferences for attributes of potential job postings they were likely to pursue after graduation. Job attributes included salary, facility quality, housing, length of commitment, manager support, training tuition, and dual practice opportunities. Mixed logit models were used to estimate stated preferences for these attributes.

Data were collected from 246 medical students, 132 nursing students, 50 pharmacy students and 57 laboratory students. For all student-groups, choice of job posting was strongly influenced by salary, facility quality and manager support, relative to other attributes. For medical and laboratory students, tuition support for future training was also important, while pharmacy students valued opportunities for dual practice.

In Uganda, financial and non-financial incentives may be effective in attracting health workers to underserved areas. Our findings contribute to mounting evidence that salary is not the only important factor health workers consider when deciding where to work. Better quality facilities and supportive managers were important to all students. Similarities in preferences for these factors suggest that team-based, facility-level strategies for attracting health workers may be appropriate. Improving facility quality and training managers to be more supportive of facility staff may be particularly cost-effective, as investments are borne once while benefits accrue to a range of health workers at the facility.

For full article: http://www.biomedcentral.com/1472-6963/12/212/abstract

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‘‘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.

Full article: http://www.hrhresourcecenter.org/node/4219

Treating Depression for Indonesia's (and the World's) Victims of War and Disaster

What is the most burdensome disease in the world today? According to the World Health Organization, the disease that robs the most adults of the most years of productive life is not AIDS, not heart disease, not cancer. It is depression.

The disease is not merely a bourgeois problem. It is especially prevalent in places that have experienced war, disaster or crushing deprivation. Yes, in many poor countries the bonds between people are much stronger than they are in wealthier, more individualistic societies, and this is a good thing for mental health.

But it can hardly counteract the fact that a lot of people have an awful lot to be depressed about. War and high rates of crime produce widespread post-traumatic stress. The constant worry that a crop failure or serious illness will throw a family into poverty is a source of extreme anxiety. Seeing your children go hungry creates paralyzing guilt.

For full article: http://www.thejakartaglobe.com/opinion/treating-depression-for-indonesias-and-the-worlds-victims-of-war-and-disaster/531958

Tapping into the Potential of Performance-based Incentives

Performance-based incentives or PBI is a health sector financing strategy that links payment to better health results. Incentives can be given to patients when they take actions to improve their own health or their family's health. They can also be given to health care providers when they achieve performance targets or to health managers at the district, provincial, and national levels when specific health goals are met.

PBI starts with the results themselves – such as more children immunized or better quality care – and allows providers on the front lines to decide how to achieve them.
Since 2010, Health Systems 20/20 has worked closely with the Senegalese Ministry of Health and Prevention to facilitate PBI workshops and lead the PBI technical working group through a process.

The PBI pilot aims to improve the numbers of delivered services and their quality, motivate health workers, build the capacity of district health teams, and strengthen public sector health institutions, specifically district health management teams, district hospitals, and health centers.

To access the brief: http://www.healthsystems2020.org/content/resource/detail/89284/?utm_source=Master+Health+Systems+20%2F20+Contact+List&utm_campaign=ab0a8be522-PBI_EOP_Brief7_19_2012&utm_medium=email

Brain Drain and Health Workforce Distortions in Mozambique

Trained human resources are fundamental for well-functioning health systems, and the lack of health workers undermines public sector capacity to meet population health needs. While external brain drain from low and middle-income countries is well described, there is little understanding of

the degree of internal brain drain, and how increases in health sector funding through global health initiatives may contribute to the outflow of health workers from the public sector to donor agencies, non-governmental organisations (NGOs), and the private sector.

Methods
An observational study was conducted to estimate the degree of internal and external brain drain among Mozambican nationals qualifying from domestic and foreign medical schools between 1980–2006. Data were collected 26-months apart in 2008 and 2010, and included current employment status, employer, geographic location of employment, and main work duties.

Results
Of 723 qualifying physicians between 1980–2006, 95.9% (693) were working full-time, including 71.1% (493) as clinicians, 20.5% (142) as health system managers, and 6.9% (48) as researchers/professors. 25.5% (181) of the sample had left the public sector, of which 62.4% (113) continued working in-country and 37.6% (68) emigrated from Mozambique. Of those cases of internal migration, 66.4% (75) worked for NGOs, 21.2% (24) for donor agencies, and 12.4% (14) in the private sector. Annual incidence of physician migration was estimated to be 3.7%, predominately to work in the growing NGO sector. An estimated 36.3% (41/113) of internal migration cases had previously held senior-level management positions in the public sector.

Discussion
Internal migration is an important contributor to capital flight from the public sector, accounting for more cases of physician loss than external migration in Mozambique. Given the urgent need to strengthen public sector health systems, frank reflection by donors and NGOs is needed to assess how hiring practices may undermine the very systems they seek to strengthen.

For full article: http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0035840

Nigeria: FG - Over 20,000 Doctors Have Emigrated From Nigeria
11 July 2012

As Federal Government strives to improve healthcare delivery in the country, indications have emerged that Nigeria is now an exporter of doctors, nurses and other health workers to developed countries of the world.

It is believed that 20,000 doctors who have migrated from Nigeria, with about 4,000 of that figure heading to the United States of America.

This was made known Tuesday by the National Chairman, Association of Public Health Practitioners of Nigeria, Dr Obehi Okojie, at the induction ceremony for 103 graduates of foreign medical institutions and Igbinedion University, Okada, at the Medical and Dental Council of Nigeria (MDCN).

Okojie lamented that these skilled workers have benefited from government funds to subsidise education, while some have been virtually trained free, yet are presently serving developed countries that contributed nothing to their education.

According to Okojie who is also a Consultant Community Physician, University of Benin, "it is a shame and retaining these expensively- trained professionals has been identified as an issue government has to address seriously and urgently to reverse this ugly trend."

She said the Federal Government must provide an enabling environment to motivate the doctors so

as to stem the tide of the brain drain especially in the health sector otherwise the country would be in danger.

The university don observed that to achieve the MDGs, the country has to have in every place, doctors with the right skills, supported to do the right things for Nigeria.

For full article: http://allafrica.com/stories/201207110025.html

Can primary health care staff be trained in basic life-saving surgery?

Two billion people in low- and middle-income countries have no access to basic surgical care. Surgical conditions account for a significant proportion of the global health burden. Surgery is still not considered a public health priority even though surgical services may be as cost-effective as other well-accepted preventive procedures.

In South Sudan many patients arrive at Primary Health Care (PHC) Units or Centres requiring surgical treatment for obstetric, abdominal or other emergencies. Often safe surgical care cannot be provided locally because of untrained staff, poor equipment and limited supplies of drugs, and other essential items. In many places there are no secondary or a tertiary-level hospitals to which to refer the patient. “Secondary health care services are few and inaccessible to the majority of the population; they have inadequate facilities and suffer from severe shortage of qualified health care professionals”.

It is well known in rural sub-Saharan Africa that, where there are no doctors, a wide range of surgical procedures (e.g. Caesarean section or repair of strangulated hernia) are performed by non-medical personnel often with inadequate training and little supervision.

Several international organizations such as the International Committee of the Red Cross, Médecins Sans Frontières and Christian Blind Mission have delegated surgical skills to middle level health workers as has been done for the management of HIV/AIDS. The textbook Primary Surgery and the WHO Emergency and Essential Surgical Care (EESC) programme are examples of efforts to promote life-saving surgical care in rural areas of low-income countries.

We believe that a few life-saving procedures can be safely performed by non-medical health staff. In this paper we draw on our experience in South Sudan (particularly at Adior Rural Hospital, Lakes State) to advocate the type of training best suited for training local rural para-medics in simple surgery.

The aim of this article, which is targeted at Ministries of Health, policy-makers and all levels of health professionals, is to:

- advocate policies aimed to broaden the range of those who can provide basic surgery and anesthesia in order to compensate for the severe shortage of qualified doctors which South Sudan is going to face for several years and
- promote a gentle, sympathetic and understanding method of training local non-medical health staff.

For full article: http://www.southsudanmedicaljournal.com/archive/august-2012/can-primary-health-care-staff-be-trained-in-basic-life-saving-surgery.html

iHRIS Qualify Data Reveal a Clearer Picture of the Number of Qualified Nurses and Midwives in Nigeria

Until recently, records from the Nursing and Midwifery Council of Nigeria indicated there were around 240,000 qualified nurses and midwives within the country. Now, using more accurate information fromiHRIS Qualify, the council reports that the actual number of those registered may be closer to 136,000.

The iHRIS Qualify data reveal there are far fewer nurses and midwives available than expected to provide much-needed health services to Nigerians. Additionally, given limitations in available workforce data within the country, the council's data on active registration remain the most reliable proxy for determining the combined number of qualified and available nurses and midwives in Nigeria, across both the public and private sectors.

In 2006 the World Health Organization's World Health Report defined 57 countries facing a critical shortage of health workers—those with fewer than 2.3 doctors, nurses, and midwives per 1,000 population. Against that ratio, Nigeria reported a shortage of nearly 40,000 health workers. The new data may indicate that Nigeria's shortage is closer to 144,000—over three times the amount reported in 2006. This would be the seventh highest shortage of the 57 crisis countries. In Africa, only Ethiopia reported a higher shortage of 152,000 health workers.

For full article: http://www.capacityplus.org/ihris-qualify-reveals-a-clearer-picture-in-nigeria

GOOD LUCK & WELCOME

We would like to say "good luck" to Dr. Lorne Muhiwre who stepped down from her position as Executive Director of the Uganda Protestant Medical Bureau on July 31, 2012. Thank you for all of your efforts to lift up the work of the faith-community in Uganda and internationally.

We would like to welcome Dr. Tonny Tumwesigye on his new appointment as the new Executive Director of UPMB. Dr. Tumweisigye is an accomplished leader who was the Medical Director of the Kisiizi Church of Uganda Hospital in Rukungiri.

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

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HRH Document Portal Access Information

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

USER NAME: guest

PASSWORD: twghrh

Documents

http://africachap.org

Document Section

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