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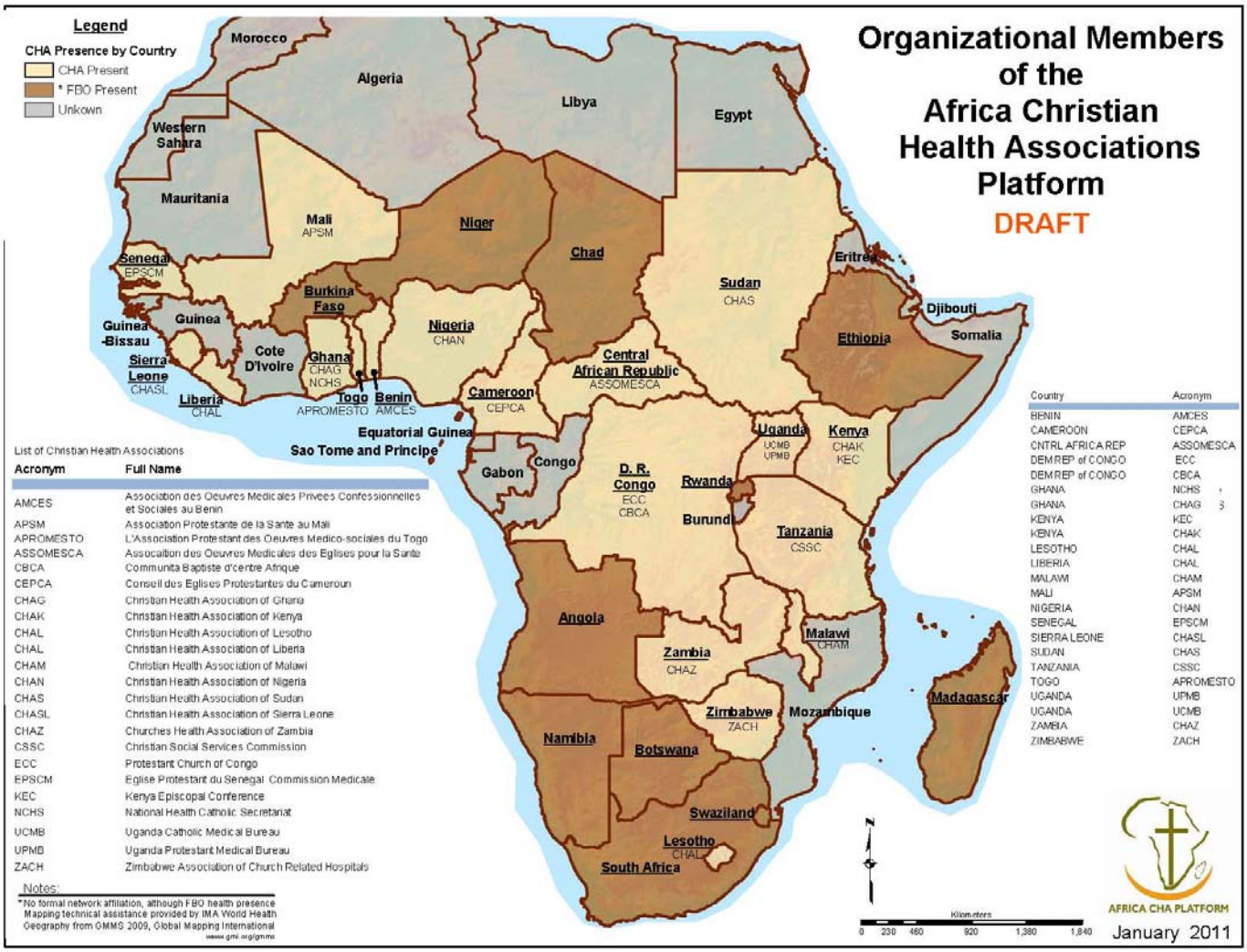

A Human Resources for Health publication of the Africa Christian Health Associations Platform

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RESOURCES

Infectious Diseases of Poverty

Infectious Diseases of Poverty is an open access, peer-reviewed journal publishing topic areas and methods that address essential public health questions relating to infectious diseases of poverty. These include various aspects of the biology of pathogens and vectors, diagnosis and detection, treatment and case management, epidemiology and modeling, zoonotic hosts and animal reservoirs, control strategies and implementation, new technologies and application. Transdisciplinary or multisectoral effects on health systems, ecohealth, environmental management, and innovative technology are also considered.

To access the journal: http://www.idpjournal.com/

Atlas of Health Statistics, 2012

The Atlas of Health Statistics, 2012, which provides a health situation analysis of WHO's African Region, is the most significant data output of the African Health Observatory (www.aho.afro.who.int). Now in its second edition, the Atlas is building on the ground-breaking work that was carried out in preparing the initial edition. Not only has it been updated for 2012, but its coverage has expanded and further indicators have been included. Another new development is the presence of the Atlas on the African Health Observatory web portal. It is being launched not merely as an electronic document, but as interactive web pages within the Observatory, allowing users to carry out searches and conduct analyses of their own. We aim to develop the Atlas on an ongoing basis, expanding its reach, indicators and accuracy as we go.

Of course all the data comes from the countries, and we are entirely reliant on data collection, cleaning, correction, evaluation and assessment carried out first of all at country level in each of the 46 Member Countries of WHO's African Region. These data are further reviewed and refined in WHO, both in its African country offices and Regional Office, and by technical experts at WHO headquarters in Geneva. Mortality estimates that are used to monitor internationally agreed goals, such as the MDGs, are produced by inter-agency groups consisting of members from WHO, UNICEF, and World Bank among others. The results of this system of analysis is data which is as good as can be extracted from the raw inputs.

Looking back to the raw inputs, however, it is clear that the quality, quantity, frequency of collection, and timeliness of data depends very much on the strength of the national health information systems, which include data collection at the district and peripheral levels. With some notable exceptions, this has been an area of weakness within most national health systems. By and large, the development of national health information systems has been slow and uneven, despite many efforts over the years.

WHO seeks to support countries in strengthening their national health information systems, and one

mechanism that is being developed in response to demands from the countries is the establishment of a network of national health observatories. With support from WHO's Regional Office for Africa, a number of countries have taken steps to set up such observatories, often with direct links to the district level, as a way to reinforce the national health information system. The national observatories also link to the African Health Observatory, in a collaborative, two-way system of information, evidence and knowledge exchange. Such observatories serve at both the regional and national levels as platforms for other activities designed to foster monitoring and evaluation, which are essential components of the cycle of development and policy work that lead to national health policies and health development plans.

Thus, the collaborative networking approach embraced by the African Health Observatory and the national observatories is intended to provide a continuum between work at the regional and national levels, offering a platform for many disparate supporting mechanisms and methodologies. This should lead to a marked decrease of the fragmentation of efforts so frequently found in public health policy and development work. The Atlas is a product and promoter of such collaborative networking.

To access this resource: http://www.aho.afro.who.int/en/publication/63/health-situation-analysis-african-region-atlas-health-statistics-2012

Developing competencies and professional standards for HealthPromotion Capacity Building in Europe

The practice of contemporary health promotion is informed by decades, if not centuries, of methods of working with communities, policymakers and other professionals to empower people to have more control over the factors that influence and impact upon their health. The field of health promotion has evolved over time, though an articulation and delineation of what we now think of as the profession or practice of health promotion is relatively recent.

Awareness of the principles, best practices, and the values that underpin health promotion are critical to an efficient and effective delivery of health promotion activity. As clever and good-intentioned as we may be, there is still a need for structure to ensure that health promotion training is well-grounded in evidence; and is consistent, professional, and comprehensive. If we are to build capacity to promote health, we must have frameworks from which to work and standards by which we measure our efforts.

This document comprises three Handbooks which were developed as part of project entitled 'Developing Competencies and Professional Standards for Health Promotion Capacity Building in Europe' (CompHP).

The CompHP Core Competencies Framework for Health Promotion Handbook presents the domains of core competency necessary for competent and ethical health promotion practice.

The CompHP Professional Standards for Health Promotion Handbook outlines professional standards which are derived from the CompHP Core Competencies Framework and describes the knowledge and skills and measures of competence using performance criteria.

The CompHP Pan-European Accreditation Framework for Health Promotion Handbook builds on the CompHP Core Competencies and Professional Standards to outline the systems and processes for the accreditation of health promotion practitioners and health promotion education and training at national and European levels.

To access this resource: http://www.iuhpe.org/uploaded/CompHP/CompHP_Project_Handbooks.pdf

TRAINING OPPORTUNITY

Course on promoting rational use of drugs in the community

The above course is organized by the Institute of Health Management Research, Jaipur, India, from February 25th to March 5th, 2013. This is a ground-breaking and very successful course developed by WHO to meet the requests from many individuals and organizations, and to respond to a clear need for more effective planning, research and implementation of rational medicines use practices in the community. It is a condensed version adopted from the official two weeks WHO course on 'Promoting Rational Drug Use in the Community' being organized for the 10th time. There will also be a focus on rational use of antibiotics and prevention of anti-microbial resistance. The course will be conducted in English. The fee of US$ 1200 covers shared accommodation, tuition, course materials, field visit, pickup, and three meals a day.

Interested candidates may contact: Jawahar S. Bapna, prudc.india@gmail.com

ARTICLES OF INTEREST

The Impossible Dream? Codes of Practice and the International Migration of Skilled Health Workers

The international migration of skilled health workers has increased significantly from the 1990s. Many source countries have expressed concern over losses of health workers, resulting in regional Codes of Practice and bilateral Memoranda of Understanding being established since 1999 to achieve more effective, equitable and ethical international migration. The finalisation of a Global Code in 2010 drew attention to continued migration concerns. Codes have three key objectives — protecting rights of migrant workers, adequate workplace support for migrant workers and ensuring that migration flows do not disrupt health services in source countries. There is no agreed definition of ethical international recruitment, and no consensus on the significance and location of harmful recruitment practices. Most codes have covered relatively few regions and exhibit a high degree of generality. Several source countries encourage rather than discourage migration. Migration is a right and occurs in contexts that do not necessarily involve health issues. There are no incentives for recipient countries and agencies to be involved in ethical international recruitment. All codes are voluntary which has restricted their impact. Substantial migration and recruitment have occurred outside their scope, and codes have diverted skilled health workers beyond regulation. The private sector is effectively excluded from codes. Bilateral agreements and memoranda have a greater chance of success, enabling managed migration and return migration, but are more geographically limiting. The most effective constraints to the unregulated flow of skilled health workers are the production of adequate numbers in present recipient countries and provision of improved employment conditions in source countries.

For full article: http://onlinelibrary.wiley.com/doi/10.2202/1948-4682.1175/pdf

Partnerships for global health: pathways to progress

'Global health' is a relatively new term, but health has always had a global dynamic. Take, for example, the movement of the plague epidemic across Europe in the 14th century, or the influenza outbreak of 1918 that killed more people than the First World War.

The new term reflects new challenges, mainly those of globalisation. As Nigel Crisp points out on page 16, there is now "an epidemic of noncommunicable diseases being spread globally by chang-

ing lifestyles". In a world where the main causes of death and disease are chronic, we are challenged to find equitable uses of our limited resources to provide preventative, lifelong care.

This report features ways that the University of Cambridge and other Cambridge-based organisations are working with partners in developing countries to devise effective solutions to the global health challenges of today. For example, David Dunne and Pauline Essah's work with the THRiVE and MUII Programme (page 35), Nick Wareham's work with CEDAR and the Cambridge International Diabetes Seminar (pages 37–39), and Costello Medical Consulting's Global Health Internship Scheme (page 24) are building capacity to undertake health research and design evidence-based public health interventions.

On page 18, Ndwapi Ndwapi of Botswana's Ministry of Health writes about a partnership with Addenbrooke's Abroad to develop the leadership and management skills needed to address the health challenges of today, and tomorrow.

Their work is paving the way to better health information and health services. And there are hundreds of similar projects around the world that are making a significant impact. However, the task ahead of us is momentous, and to build effective, preventative health care systems we need input from others still. Governments need to establish policies that mitigate our exposure to risk. Corporations need to act ethically and responsibly. And NGOs need to play their part in advocating for governments and corporations to fulfil their responsibilites. NGOs can also play a critical role in providing services to those who public and private initiatives cannot reach in the meantime.

The Humanitarian Centre has played an important role in convening all of these different actors for the Global Health Year, to advance dialogue and action for improved health for the world's most vulnerable people. Insights from a range of contributors to the Global Health Year are offered in this report to help continue these conversations.

For full document: http://www.humanitariancentre.org/wp-content/uploads/2010/07/Partnerships-for-global-health_pathways-to-progress.pdf

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ZIMBABWE: Nurses step up to initiate HIV treatment

Faced with the ambitious target of reaching 85 percent of people in need of HIV treatment by the end of 2012, the Zimbabwean government has announced that nurses will be trained to prescribe and manage antiretroviral (ARV) drug treatment.

Experts welcomed the move but warned that nurses would have to be adequately prepared and supported to take on the additional duties. Previously, nurses were allowed only to administer the drugs after a doctor had prescribed them. Now, changes made in the job descriptions of nurses by the Nurses' Council of Zimbabwe will see them prescribing the medication.

"Those nurses that have received training on the management of patients living with HIV and drug administering will be allowed to take up this responsibility. The government, with the support of its partners, began this training many years ago, and the training is actually still ongoing. I need to point out that it's not enough that a professional council allow nurses to administer drugs; this should be followed up with measures to capacitate nurses to do this work correctly," stressed Owen Mugurungi, head of HIV/AIDS and TB in the Ministry of Health and Child Welfare.

For full article: http://www.irinnews.org/Report/96561/ZIMBABWE-Nurses-step-up-to-initiate-HIV-treatment

Frontline Health Workers Care for Hope

This is the story of Hope, a cancer patient cared for by the palliative care team of Integrated Hospice Program Cameroon Baptist Convention in Bui Division, Cameroon. Through FHSSA's Partnership Program, which connects hospice programs in the U.S. with hospice and palliative care programs in Africa to offer financial, educational and clinical support, this program is partnered with Vitas Innovative Hospice Care of Milwaukee. Catherine D'Souza, a frontline health worker shared her experience caring for Hope.

Hope was in a darkened room in the house when I first met her. We knew she was there as we could hear her groaning. Her husband led us carefully through the shadowy house and we stumbled on the uneven mud floor. He removed a single light bulb from the living area and fixed it into the bedroom socket as we went through.

The light flickered and swung as our eyes slowly became accustomed to the gloom and we finally saw what I thought was a pile of blankets. There was Hope. She was sweating and crying as she tried to turn in bed to see us, her face twisted with pain. When she saw our small group standing there she smiled, and lit up the room. 'Praise God' she exclaimed.

For full article: http://frontlinehealthworkers.org/frontline-health-workers-care-for-hope/

Africa: Mobile Phones Set to Improve Family Planning

USE of mobile phone technology in Tanzania is set to become health issues' information gateway, especially on family planning and reproductive health.

Addressing journalists in Dar es Salaam , the Acting Chief Medical Officer Dr Donan Mmbando said mobile phone technology, famously known as M-health, would improve access to family planning and reproductive health services to people living in rural areas. He noted that the technology will make it easier to follow up on patients or those on family planning, as well as track family planning stocks in health centres across the country, and relocate stocks to centres that are running low.

"Integration of mobile phone technology within the health sector has the potential to promote a better health communication system, where we can easily track stocks across the country and relocate medication where it's needed as well as provide relevant information on family planning," Mr Mmbando noted.

Dr Mmbando who was presiding over a four-day health stakeholders meeting comprising 14 countries from Africa on the 'Use of Mobile Technologies for Family Planning and Reproductive Health' on behalf of the Minister for Health, explained that the government objective is to increase use of family planning in the country.

For full article: http://allafrica.com/stories/201211130306.html

ISSUES IN MEDICINE: Models for increasing the health workforce

The global context
A stable human resource base in the health sector is critical to achieving health-related Millennium Development Goals. Suboptimal education and training is cited as a root cause of the 'African health workforce crisis'.

Sub-Saharan Africa's health personnel/population ratios are the lowest in the world, and maldistribu-

tion between rural and urban areas is marked. Investing in training is thus crucial to address the health workforce crisis.

The World Health Report 2006 emphasises the importance of developing a capable, motivated and supported health workforce to achieve national and global health goals. Strong educational institutions providing professionally regulated and quality-assured/accredited training programmes are essential to achieve the required quantity and quality of health workers. Strong and innovative stewardship of the anticipated growth of private education and services providers is needed, particularly in developing countries.

The Global Health Workforce Alliance recognises the importance of increasing education and training to meet country-specific health care needs, acknowledging the health workforce as the cornerstone and driver of the health system. It suggests engaging with the private sector in setting up new higher education institutions and campuses.

The South African context
South Africa adopted an outcomes approach for its Programme of Action 2010 - 2014 to advance economic growth and development, to be realised by delivery and performance agreements with the 34 cabinet ministers overseen by the Department of Performance Monitoring and Evaluation in the Presidency. The government prioritised health and education, and these ministries have formulated strategic plans towards their outcomes.

For full article: http://www.ajol.info/index.php/samj/article/viewFile/82759/72896

Cameroon mid-level providers offer a promising public health dentistry model

Background
Oral health services are inadequate and unevenly distributed in many developing countries, particularly those in sub-Saharan Africa. Rural areas in these countries and poorer sections of the population in urban areas often do not have access to oral health services mainly because of a significant shortage of dentists and the high costs of care. We reviewed Cameroon's experience with deploying a mid-level cadre of oral health professionals and the feasibility of establishing a more formal and predictable role for these health workers. We anticipate that a task-shifting approach in the provision of dental care will significantly improve the uneven distribution of oral health services particularly in the rural areas of Cameroon, which is currently served by only 3% of the total number of dentists.

Methods
The setting of this study was the Cameroon Baptist Convention Health Board (BCHB), which has four dentists and 42 mid-level providers. De-identified data were collected manually from the registries of 10 Baptist Convention clinics located in six of Cameroon's 10 regions and then entered into an Excel format before importing into STATA. A retrospective abstraction of all entries for patient visits starting October 2010, and going back in time until 1500 visits were extracted from each clinic.

Results
This study showed that mid-level providers in BCHB clinics are offering a full scope of dental work across the 10 clinics, with the exception of treatment for major facial injuries. Mid-level providers alone performed 93.5% of all extractions, 87.5% of all fillings, 96.5% of all root canals, 97.5% of all cleanings, and 98.1% of all dentures. The dentists also typically played a teaching role in training the mid-level providers.

Conclusions
The Ministry of Health in Cameroon has an opportunity to learn from the BCHB model to expand access to oral health care across the country. This study shows the benefits of using a simple, workable, low-cost way to provide needed dental services across Cameroon, particularly in rural areas.

For full article: http://www.human-resources-health.com/content/10/1/46/abstract

GOOD LUCK & WELCOME

Dr. Agnes Gatome has stepped down as the National Executive Director of the Kenya Episcopal Conference—Catholic Health Commission. We wish her good luck in her future endeavors.

We wish to congratulate Ms. Jacinta Mutegi who has been named the new National Executive Director of the Kenya Episcopal Conference—Catholic Health Commission.

2013 ACHA BIENNIAL CONFERENCE

The Africa Christian Health Association's Platform (ACHAP) will hold the 6th Biennial Christian Health Associations Conference on February 25-28, 2013 in Lusaka, Zambia. The conference will be hosted by the Churches Health Association of Zambia (CHAZ) in collaboration with ACHAP Secretariat and the program focus will be on the increasing burden of non-communicable diseases (NCDs) in Africa.

The theme of the conference is ***"Increasing burden of non-communicable diseases (NCDs) in Africa; health systems strengthening towards scaling up FBOs response".***

The conference will create an opportunity for CHAs to take stock of their contribution to the non-communicable diseases prevention and control in various countries and discuss opportunities for strengthening capacity, partnerships and health systems for quality, accessible, integrated and sustainable services for non-communicable diseases prevention and control through the faith based health networks in Africa.

For more details refer to the **Conference Concept Paper**, draft **Conference Program** and **Registration form** which are available on ACHAP website: www.africachap.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

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Documents

http://africachap.org

Document Section

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