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Hotline HRH
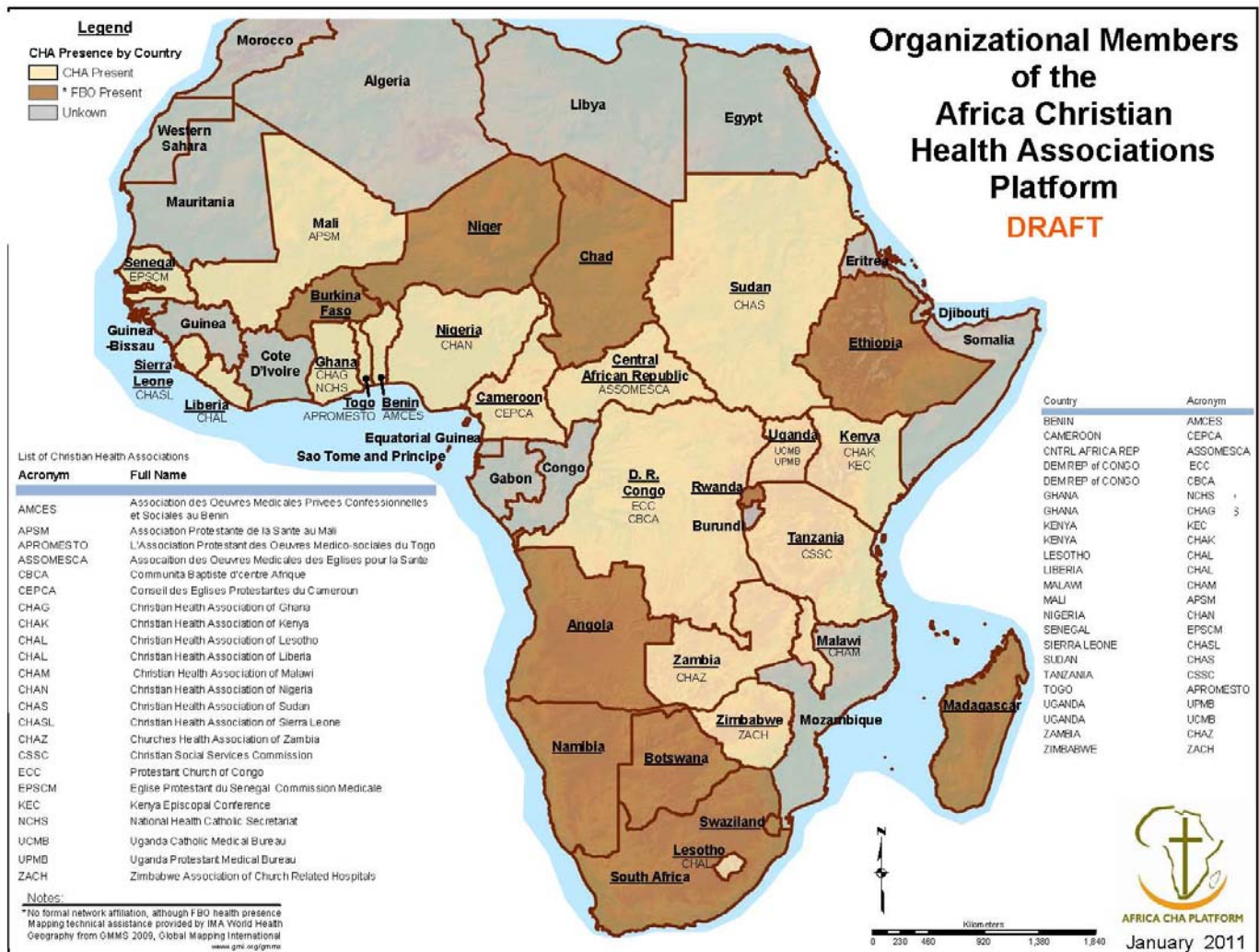

Organizational Members of the Africa Christian Health Associations Platform — DRAFT (January 2011)

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

AFRICA CHA PLATFORM

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RESOURCES

K4Health Guide for Conducting Health Information Needs Assessments

Based on the experience carrying out global and country-level qualitative studies of family planning and reproductive health information needs, the Guide is intended to be a useful reference material for all health professionals, including policy makers, program managers, and health care providers. Its purpose is to: walk others through the process of assessing information needs among individuals working at different levels of the health system; share lessons learned and tips for various methodologies; and provide tools that researchers can use or adapt in future assessments.

The Guide discusses the following research methods: environment scan; online surveys; and qualitative methods, consisting of key informant interviews, focus group discussions, and network mapping using a participatory technique called Net-Map. It also discusses results from K4Health needs assessments and shares illustrative case studies from India and Malawi. We

Resource may be found at: http://www.k4health.org/system/files/K4Health%20Guide%20to%20%20Needs%20Assessment.pdf

Private provision in its institutional context: lessons from health

One characteristic of discussions about strategies for the provision of services to poor people has been the persistence of ideological debates about the relative roles of public and private sectors. These debates are strongly influenced by the experiences of the advanced market economies and often do not reflect the reality of countries where most poor people live. This paper's aim is to contribute to the development of common understandings of this reality and to the formulation of practical strategies for meeting the needs of the poor.

During the second half of the twentieth century, the health policies of many low and middle income countries were largely based on expanding government health services. Some countries created effective and equitable government health services. Many did not, and some government health systems have faced difficulties associated with major social and economic change. Pluralistic health systems have emerged in which the boundaries between public and private sectors are blurred, with negative consequences for quality and cost. This is particularly the case in countries that have experienced prolonged economic crisis and in countries in transition to market economies.

The private sector is not a single entity. Providers can be classified by the economic characteristics of different health goods, the type of service, the degree to which they are part of an organised institutional arrangement and the social group whose members use them. Different strategies are needed to influence different classes of provider.

For full paper: http://collections.europarchive.org/tna/20100918075642/http://www.dfidhealthrc.org/publications/health_service_delivery/Bloom.pdf

Understanding Whole Systems Change in Healthcare: The Case of Emerging Evidence-informed Nursing Service Delivery Models

Evidence-based nursing guidelines give information on providing care that will result in the best possible outcomes for patients, their families, organizations and the healthcare system as a whole. Getting them widely accepted, however, takes careful planning.

1. To get established, best practice nursing innovations require far-reaching change, where complex networks of individuals and organizations come together to make transformation happen.
2. Champions support and spread innovation by forming networks and motivating others to adopt best practices. They should come from every level in healthcare, from the front lines to leaders of the system overall.
3. Organizations need to create an environment where the use of evidence to inform nursing practice is a normal part of structures and daily process.
4. Best practice guidelines won't be adopted and spread unless your inter-professional teams can see their benefits and you have the resources (such as money, staff and policies) to support them.
5. Be prepared to test, adapt, modify and even discard innovations as you keep working toward improving care.
6. Timing is an important part of successful innovation. You'll need a flexible, co-operative approach to bring together leaders, support and networks across organizations and the whole system when the right time to introduce an innovation appears.
7. Quality-improvement programs are essential for adapting best practices to the context of an organization. Tracking, measuring and giving timely feedback (to everyone from decision-makers to practitioners to patients) on the impact of your innovations will get you the information you need to adjust your innovation and make it better.
8. Innovation efforts should always be evaluated. Those evaluations should include mixed models of variable costs, assessments of economies of scale and an expanded cost hierarchy to show the non-linear effects of scaling up best practice models.
9. There are lessons in both successful and failed efforts to introduce best practice guidelines. Studying them can help you plan for the complexities of spreading innovations across the system.

For full document: http://www.chsrf.ca/Libraries/Commissioned_Research_Reports/OGC-REISS-E.sflb.ashx

Essential interventions, commodities and guidelines for reproductive, maternal, newborn and child health

new global consensus has been agreed on the key evidence-based interventions that will sharply reduce the 358,000 women who still die each year during pregnancy and childbirth and the 7.6 million children who die before the age of 5, according to a massive, three-year global study. The study, Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health, is designed to facilitate decision-making in low- and middle-income countries about how to allocate limited resources for maximum impact on the health of women and children.

The study reviewed more than 50,000 scientific papers to determine the proven effectiveness of interventions and impact on survival, identifying 56 essential interventions that when implemented in "packages" relevant to local settings, are most likely to save lives. The study is released today by the World Health Organization (WHO), the Aga Khan University and The Partnership for Maternal, Newborn & Child Health (PMNCH).

Some of the interventions include:

- Manage maternal anemia with iron;
- Prevent and manage post-partum hemorrhage;
- Immediate thermal care for newborns;
- Extra support for feeding small and preterm babies;
- Antibiotics for the treatment of pneumonia in children.

For more information: http://www.who.int/pmnch/media/press_materials/
pr/2011/20111215_essential_interventions_pr/en/index.html

TRAINING/WORKSHOP INFORMATION

Improving HRH through responsible governance
30 January – 3 February 2012, Amsterdam

Human resources for health (HRH) are a vital component of any health system and are central to attaining the health-related Millennium Development Goals. In many countries, a shortage of qualified and motivated personnel, and unequal distribution between areas and types of facilities, hampers the availability and quality of health services. Poor HR management, including financial constraints, can lead to insufficient numbers of health care providers being trained, inadequate planning and deployment of health care providers, and economic migration.

Currently, 57 countries have a critical shortage of skilled health workers (World Health Report 2006). Review of the development and implementation of HRH policies in these countries has shown that in some cases, the policy framework has improved, policies are more clearly defined and plans are generally coherent, but policy implementation is often poor.

To address the factors hindering appropriate policy development and implementation, and to mitigate the HRH crisis, the relationship between HRH and governance requires strengthening at all levels.

Aim
The aim of the short course is to enable participants to apply the concept of responsible governance to HRH issues and to develop approaches improving the formulation and implementation of national and regional HRH policies and plans. Programme highlights
- Introduction to the concept of governance in HRH
- Interaction between actors: politics and power in HRH
- Political accountability: defining and reaching goals in HRH
- HRH planning and health services performance: effectiveness, efficiency and equity in health services through improved HRH
- Financial accountability: financing and payment mechanisms for HRH, budget tracking and aid effectiveness
- Regulation: accreditation, licensing and certification at national level
- Performance accountability: performance, productivity, quality of care
- Global governance: impact of migration and global health initiatives on HRH and accreditation of international and regional courses/ schools
- Effects of governance on HRH in post-conflict societies

For more information: http://www.kit.nl/-/INS/49298/Royal-Tropical-Institute/KIT-Development-Policy-and-Practice--/DEV-Training--/Health-systems/Governance-and-human-resources-for-health

Global Health Forum

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

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

"**Building sustainable organizational capacity to strengthen monitoring and evaluation practice for public sector, NGO and civil society organizations**".

The seminar will be facilitated by Ummuro Adano, Senior Technical Advisor for Capacity Building with AIDSTAR-Two, a USAID funded project led by Management Sciences for Health. He has extensive experience working on organizational capacity building worldwide. In many developing countries, one of the greatest obstacles to achieving the health millennium development goals (MDGs) – in particular those relating to child survival, maternal health, and combating major diseases such as HIV/AIDS – is the deep, persistent lack of organizational capacity among those responsible for attaining these goals.

Monitoring and evaluation capacity is key to reach the MDGs as well as national health sector goals. Without adequate, relevant, timely and accurate data and information on relevant targets - targeting resources, improving evidence-based health services and programs and identifying inefficiencies and ineffective interventions is not possible. Effective M&E practice allows us to determine a baseline, where we are and provides a goal where we want to go, as well as allowing mid-course corrections, whether in the re-design of programs or, more importantly, in the change of practices. While the technical rigor and practice of monitoring and evaluating has made great progress in the past decade, many challenges related to organizational capacity continue to impede M&E systems effectiveness and sustainability. Some of the essential capacity components that are often lacking include human capacity -- adequate numbers of skilled, motivated and well distributed M&E professionals who are supported by strong leadership; financial capacity – money management skills, financial accountability, and costing expertise; systems capacity -- information and logistics, and governance structures and processes.

We will use case studies and a simple framework to provide the necessary background, frame and anchor our conversation throughout the seminar around some of the fundamental organizational functions that need to be strengthened. To view the framework, please visit www.aidstar-two.org or click on this link:

 http://www.aidstar-two.org/upload/AS2_TechnicalBrief-2_4-Jan-2011.pdf

How to register on LeaderNet:

Please note that this seminar is primarily targeted at M&E practitioners and their colleagues, but interested "LeaderNauts" are obviously encouraged to participate.

 If you are already a LeaderNet member, you are automatically registered for this seminar and will be able to participate. If you are not already a member, you will need to join LeaderNet. Becoming a

member of LeaderNet is FREE and simple. Here are the steps:

1. Go to the LeaderNet website at http://leadernet.msh.org
2. Select your language (the seminar will be available in English only)
3. Click on the New User? Register here and provide the information requested.
4.To access the seminar, please go to http://leadernet.msh.org and click on "Seminar" in the left hand column.

The agenda and resources for the seminar will be posted the week before the seminar begins, and the discussion section will open on Monday, January 30. All participants who post in the discussion and complete an evaluation form will be awarded a certificate at the end of the seminar.

We hope you will join LeaderNet for this engaging, and important, topic. For any questions on the seminar, please contact us at leadernet@msh.org.

EPN Forum 2012 registration

The next EPN Forum will take place from 21st to 23rd March 2012, in Addis Ababa, Ethiopia. The theme of discussions will be „Access to quality medicines: priority needs, priority actions for today and tomorrow". The biennial EPN Forum and General meeting is an opportunity for EPN members to meet physically to discuss and make critical decisions in relation to the activities of the Network. Go to the EPN website to download the registration form for your participation.

http://www.epnetwork.org/forum-2012

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

ARTICLES OF INTEREST

Health Worker Shortages and Global Justice

Most countries of the world have a stated commitment to improving the health of their inhabitants. However, there are enormous challenges in attaining that goal, and some states have not devoted the planning and resources needed for success. For a functioning health system to work, having the appropriate mix of skilled health care workers is fundamental. But what we are experiencing now is a global health worker shortage of staggering proportions. Without adequate numbers of trained and employed health workers, people cannot access the care they need, particularly the global poor. The causes of the shortage are complex, with some being "homegrown" due to poor planning, financing, and policy, but a significant contributor is the reliance of developed countries on foreign-trained health workers to meet their workforce needs.

The World Health Organization estimates that there is a shortage of about four million health workers needed to deliver essential health services, and has called for immediate action to resolve the accelerating crisis in the global health workforce. This report grew out of a concern that much more needs to be done by wealthy countries to respond to this challenge. The clarion call by authors Paula O'Brien and Lawrence O. Gostin in this report is that every country and all stakeholders must be deeply engaged to solve the global human resource shortage. While acknowledging the interrelationships among the various components, the authors direct their recommendations to the United States because of its unique leadership capacity. They offer seven recommendations to the US government to address the global health worker shortage, including building its own workforce with a focus on self-sufficiency and task shifting, collaborating with the international community, and reforming its global health assistance programs to help developing countries educate and retain their own workers. Such initiatives will have clear benefits for all Americans and others around the world.

Health care administrators, consultants, academicians, practitioners, and policymakers from many nations met twice in face-to-face meetings to assist the authors in the design and content of the report. These participants and other constituents of the Milbank Memorial Fund reviewed successive drafts of this report. The information and recommendations in this report are timely and vital for policymakers at the national and global level.

For full article: http://www.milbank.org/reports/HealthWorkerShortagesfinal.pdf

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Outreach services to increase access to health workers in remote and rural areas

Policy-makers in every country are faced with the significant challenge of meeting the health needs of their populations, including those vulnerable communities in remote and rural areas. In order to ensure the equitable delivery of health services in these areas, skilled and motivated health workers need to be in the right place at the right time.

Following various international calls for action from global leaders, civil society and Member States, in February 2009 the WHO launched a programme to increase access to health workers in remote and rural areas through improved retention. This programme was developed in order to support countries to address the critical issues of retention and equitable distribution of health workers.

The programme consists of three strategic pillars:
• Building and sharing the evidence base
• Supporting countries in the analysis, evaluation and implementation of effective strategies

- Producing and disseminating policy recommendations and guidelines.

Substantial work has gone into expanding the evidence base on retention strategies and developing the global recommendations. At the launch of the programme, the expert group convened by WHO to develop evidence-based recommendations in this field identified the key evidence gaps in this domain. Subsequently, additional systematic reviews of the evidence have been commissioned by WHO to fill these gaps. In addition, a series of country case studies have also been commissioned, following a common template developed by the expert group, to better understand the importance of context and the way different countries have approached the issue of rural retention of health workers.

This report presents an overview of outreach services provided by health workers to remote and rural populations in different countries and contexts. It aims to highlight the potential for these alternative health service delivery models, such as mobile clinics and telemedicine, to enhance the attraction and retention of health workers in underserved areas and encourages further evaluations to be conducted in this area.

For full report: http://whqlibdoc.who.int/publications/2011/9789241501514_eng.pdf

Hope At Last for the Health Care System (Tanzania)
15 December 2011

THROUGHOUT Africa, the shortage of trained medical personnel is hurting efforts to look after the sick and prevent illnesses. In 2006, Tanzania needed 82,300 skilled professionals in the health system to effectively take care of the population, yet only 29,000 were available.

According to the Programme Director of Field Epidemiology and Laboratory Training Programme (FELTP), Dr Peter Mmbuji, the numbers indicate a shortfall of a whopping 65 per cent. Tanzania is not unique amongst African countries in its shortage of healthcare.

According to a 2004 paper by Amy Hagopian, of the University of Washington's School of Public Health, there were only 87 medical schools in the 47 nations of sub-Saharan Africa; 11 of those countries had no medical schools, and 24 had only one each.

To make matters worse quite a number of physicians from the African medical schools end up leaving the continent to seek higher-paying, less-frustrating jobs in the West. The area's shortage of doctors - along with nurses and other health care personnel - contributes to the lack of quality health care for the continent's one billion people.

For full article: http://allafrica.com/stories/201112160218.html

Doctors Resume Work As Strike Is Called Off (Kenya)
December 14, 2011

Doctors on Wednesday called off the 10- day strike that had paralysed medical care in hospitals across the country.

The strike was called off after a special delegates meeting in Nairobi that approved Monday's negotiations with the government.

Dr Boniface Chitayi, secretary- general of Kenya Medical Practitioners and Dentists Union, said, "We

have called off the strike today, but the journey for better health care continues."

Earlier, Treasury had taken a tough stance on the ongoing doctors' strike after the medics opted to go on with the strike despite their union leaders having signed a return to work deal with the state on Monday.

Finance minister Uhuru Kenyatta said the government has already given the striking doctors its best offer, indicating that the country may have to wait for the yet to be formed sectoral task force for an amicable solution.

For full article: http://allafrica.com/stories/201112150086.html

Lay health worker attrition: important but often ignored

Lay health workers are key to achieving universal health-care coverage, therefore measuring worker attrition and identifying its determinants should be an integral part of any lay health worker pro-gramme. Both published and unpublished research on lay health workers has largely focused on the types of interventions they can deliver effectively. This is an imperative since the main objective of these programmes is to improve health outcomes. However, high attrition rates can undermine the effectiveness of these programmes. There is a lack of research on lay health worker attrition. Re-search that aims to answer the following three key questions would help address this knowledge gap: what is the magnitude of attrition in programmes? What are the determinants of attrition? What are the most successful ways of reducing attrition? With community-based interventions and task shifting high on the United Nations Millennium Development Goals' policy agenda, research on lay health worker attrition and its determinants requires urgent attention.

For full article: http://www.who.int/workforcealliance/knowledge/resources/whobuldec2011.pdf

A new category of health professionals
December 15, 2011

A new cadre of health care workers aimed at strengthening the health service will join the system next year. The first batch of a new category of health professionals, known as "clinical associates", recently graduated from Wits University, in Johannesburg.

It was big smiles all round at the Wits Great Hall this past week, where 25 students received their Bachelor of Clinical Medical Practice degrees. These new graduates will become mid-level health workers positioned just above nurses and just below doctors. This new category of health profes-sionals was specifically created to address the country's shortage of skilled health care profession-als, especially in the rural areas. Twenty-one year-old Tshegofatso Seinelo, from Taung, in the North West, is one the new graduates.

"I feel very proud and very enthusiastic about the programme and I feel very honoured that I am one of the pioneers. I've always wanted to do something for my community. So, here I am, I have come to the end of the programme and I'm going into the field", says Seinelo. Seinelo, who graduated top of her class, says she is excited about going back to her community to help improve health care ser-vices there.

For full article: http://www.health-e.org.za/news/article.php?uid=20033377

Uganda Unveils New Mobile Directory of Health Workers
December 20, 2011

Earlier this month, the Uganda Medical and Dental Practitioners' Council (UMDPC) launched its new mobile directory, which offers Ugandans with mobile phones the ability to verify a health worker's or a health facility's qualifications. The system also allows council staff, as well as health facility managers, to easily verify and monitor health professionals' credentials and cut down on false and unqualified practitioners in the country.

For full article: http://www.intrahealth.org/page/uganda-unveils-new-mobile-directory-of-health-workers

MISCELLANEOUS INFORMATION

Check out Doris Mwarey's blog on what she learned at the 16th National Human Resources Management Forum organized by the Kenya Institute of Human Resource Management (IHRM) in Nairobi.

http://www.capacityplus.org/Human-Resources-Management-Professionals-Network-in%20Nairobi

EPN Has Moved!

Gatundu Villas house No.1, on Gatundu Road, Kileleshwa
P. O. Box 749 - 00606 Sarit Centre, Nairobi, Kenya

Contact EPN for directions:+254 724 301 755 or a map may be found http://www.epnetwork.org/new-epn-office

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