

Human Resources for Health in Africa

African Leadership in Action

ACHEST/APHRH, Abuja

4th July, 2013

Context

- Health of the people as precondition for productive life
- Health critical to: Quality of life, Poverty, Dignity, Social Justice, Equity
- Connected Globalized World has Knowledge, Resources: lacks the will
- "Nothing important ever happens until the climate of opinion is right." Movements on Slavery, Apartheid,
- This is a good time: African Renaissance, Political Accountability, Economic Growth , Strong civil society, global movement for the right to health, human dignity and equity

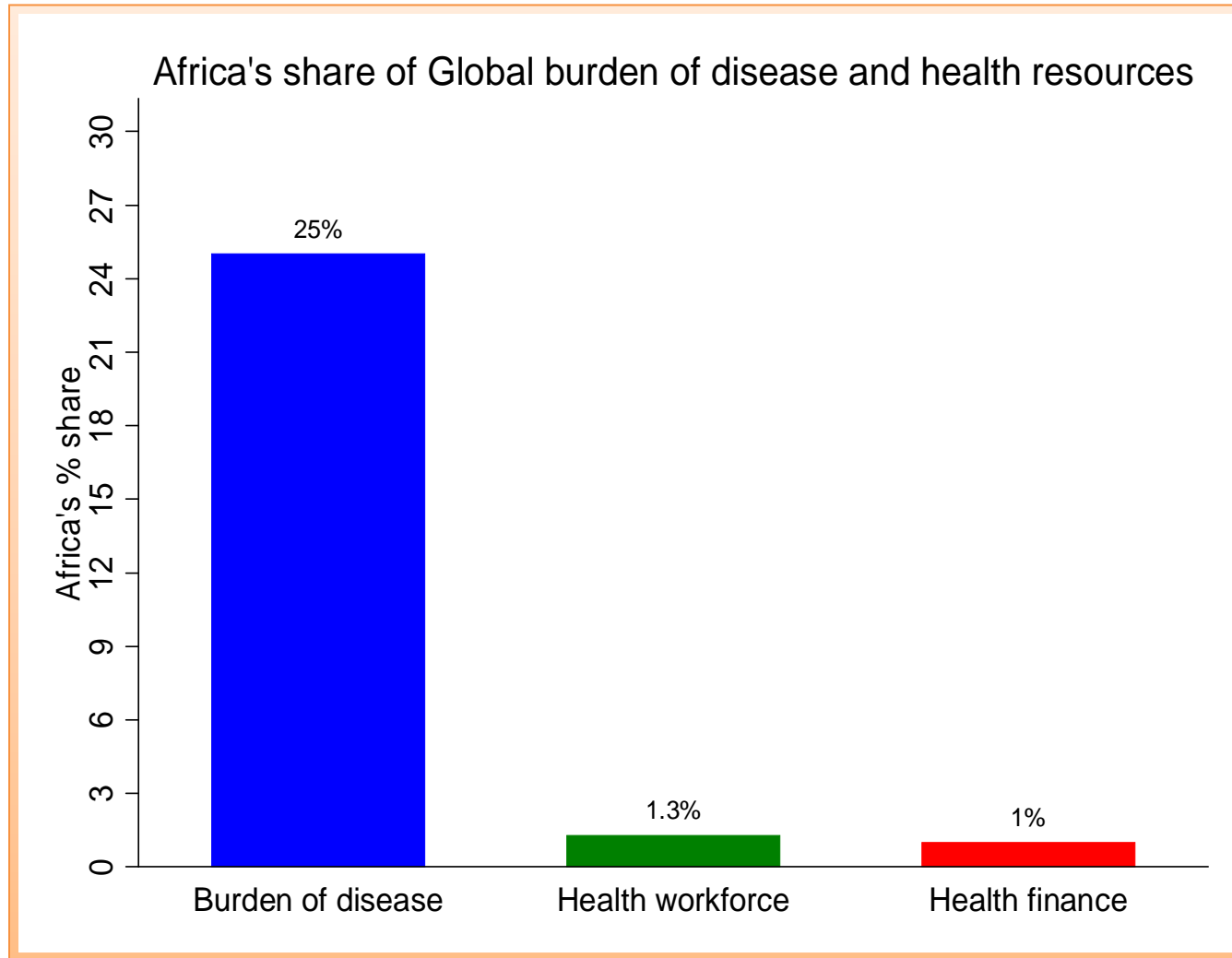
Supportive African Leadership

- Summits on Malaria, HIV and Infectious Diseases, Maternal and Child Health
- African Union Health Strategy 2007
- Biannual Health Ministers conferences
- WHO Africa Annual Health Ministers,
- Regional Health Communities: ECSA, WAHO, SDAC
- Professional Associations and Platforms

Supportive Global Environment

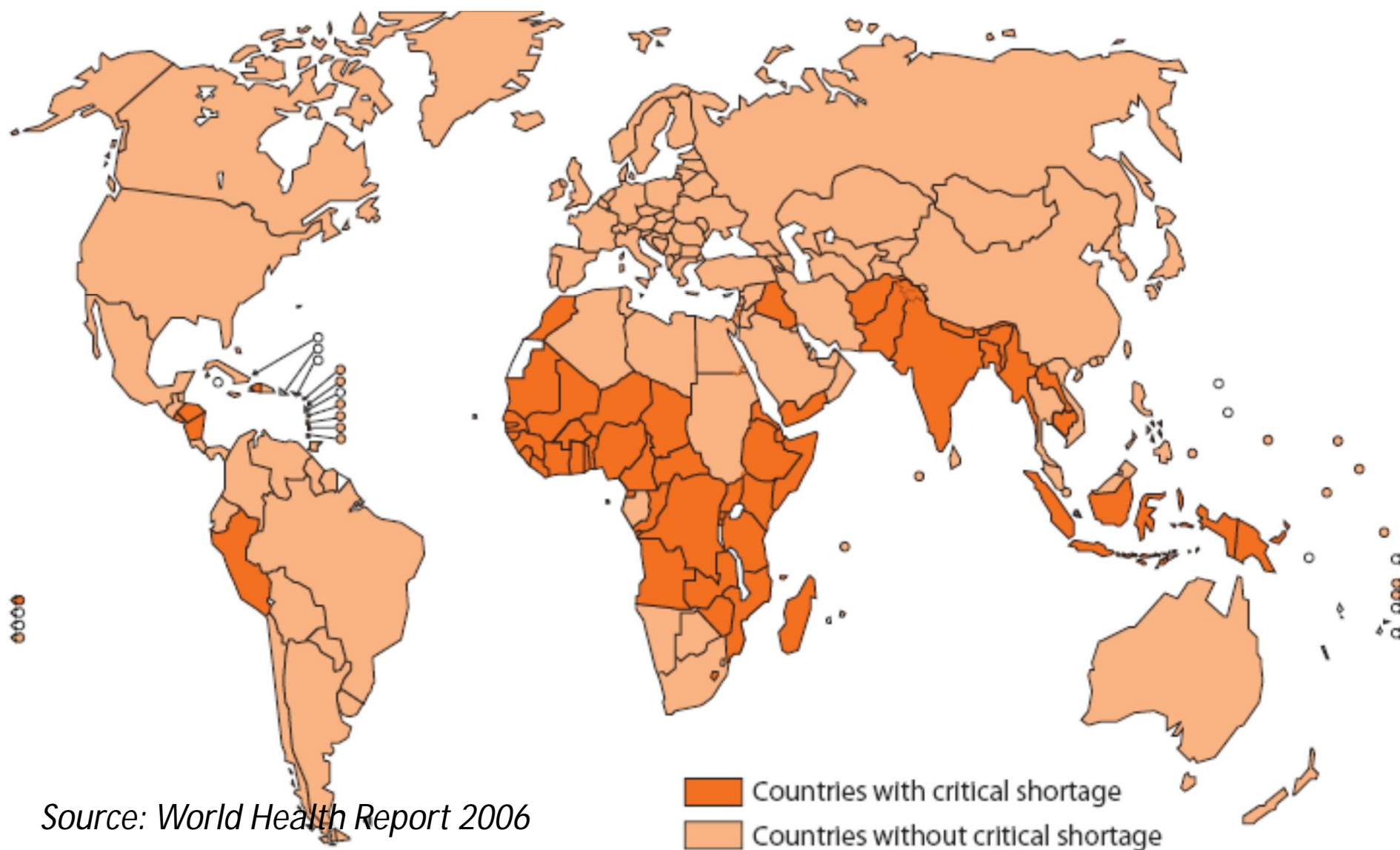
- From Gross Neglect to Concerted Action
- UNGAS Summits on Health
- WHA Resolutions with African leadership
- GHWA, WHR 2006, WHO Code
- Global Fora I & II.
- 3rd Global Forum November 2013.
- Donor Countries: MEPI, Japan, Norway etc
- African countries moving: Ethiopia, Malawi, Ghana etc

African HRH Crisis



57 Critical shortage countries

(doctors, nurses & midwives)



Causes of HRH Challenges

- Low investment
- Poor working conditions
- Low enrollment of trainees
- Urban concentration
- Migration
- Underserved populations

Response Guiding Principles

- Link to Comprehensive National Development Plan
- National Health sector Development and Investment Plan
- National HRH Plan
- Country Coordination & Facilitation framework (CCF)
- Plan long term
- Act short term
- Review regularly
- Fit into resource envelop

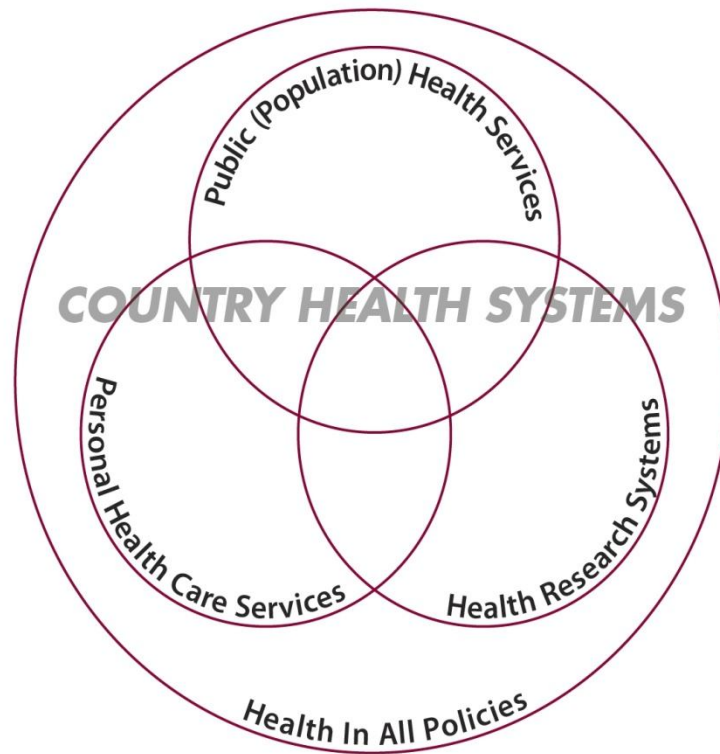
Process for Priority setting

- Burden of disease studies
- Services facility surveys
- Resource envelop definition
- HWF Information system
- Partnerships

Kampala Declaration and Agenda for Global Action

- First Global Forum on Human Resources for Health (Kampala, 2-7 March 2008) produced a 'roadmap' to guide action in response to the health workforce crisis over the next decade. Includes ongoing Regional actions. Endorsed by UNSG and family, Partners, G8
- Key elements:
- Building coherent national and global **leadership** for health workforce solutions
 - Ensuring **capacity** for an informed response based on **evidence** and joint learning
 - Scaling up health worker **education and training with needs based skill mix**
 - **Retaining** an effective, responsive and equitably distributed health workforce
 - Managing the pressures of the international health workforce market and its **impact on migration**
 - Securing additional and more productive **investment** in the health workforce

Components of a Health System



Required Competencies

- Prepared to work where services are most needed: selection process, attitudes, socially accountable
- Able to respond to health needs of community: training in real life situations in community
- Able to deliver quality care with available (limited) resources. (**Achieving the most with available resources.**)
- **Clinical excellence as foundation for teaching and research.**
- Able to be leaders and change agents: mentors
- Continuous self directed learners
- Effective communicators: team based learning, practice



Critical success factors for scaling up

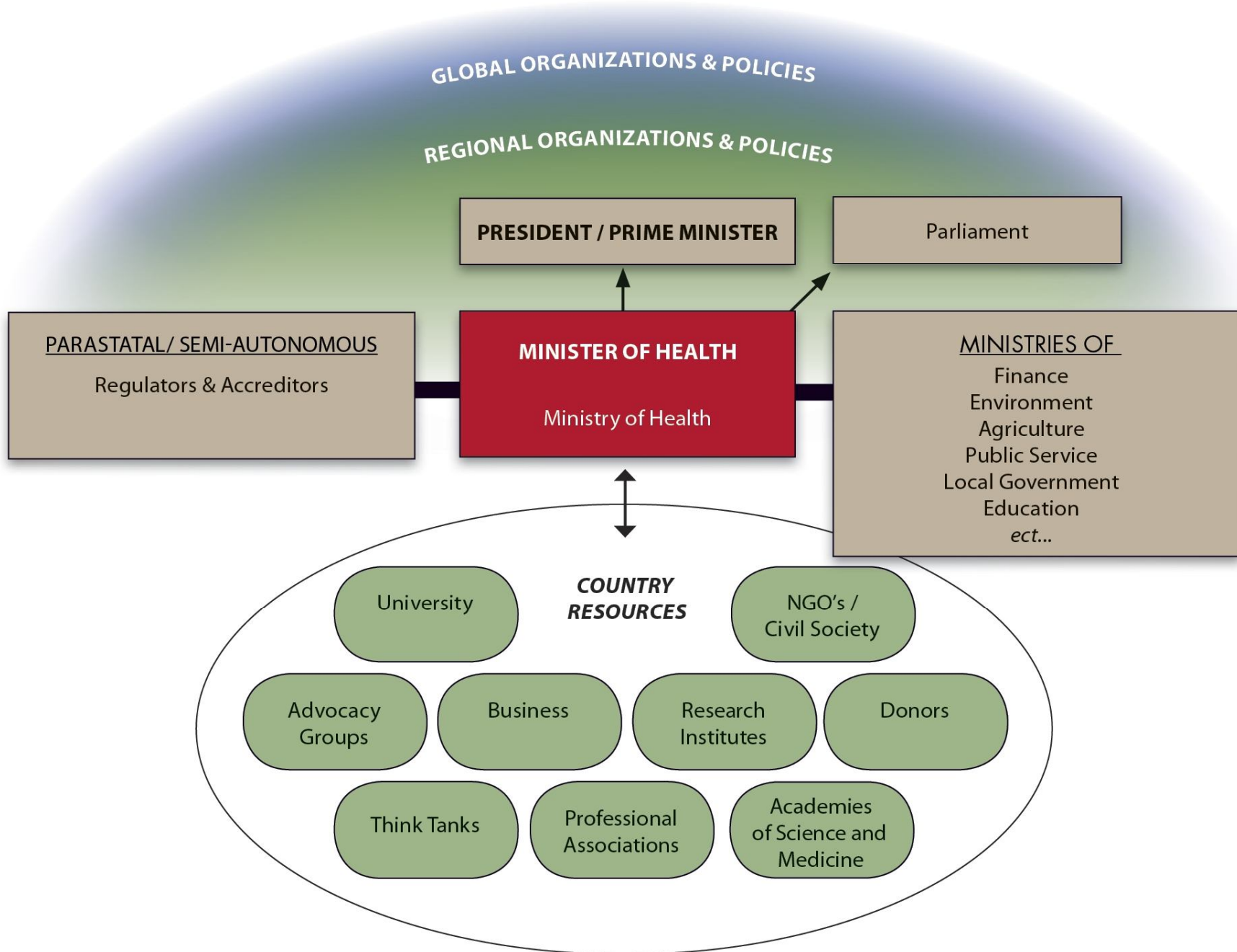
Study of GHWA Task Force on Education and Training

- 9 country experiences across regions

Critical factors identified:

- **Political commitment and good governance**
 - Sustained high level support, 'one' country-led health plan, significant financial investment
- **Workforce planning**
 - Plan long term, act short-term and update regularly, commitment to production / appropriate skill mix integrated teams, expansion of pre-service programmes
- **Enabling environment**
 - Good information systems, effective management and leadership, labour market capacity and policy

MOH OPERATING ENVIRONMENT



Responsibility for Population Health

- Governments have ultimate responsibility and accountability for population health
- Implementation gap: underinvestment in people who make things work, available technologies, policies, resources
- Governments alone insufficient: need to work with ever increasing number of actors
- Health Stewardship, governance and leadership is a neglected priority



Country HRH Committees (CCF)

- HRH committees in countries should include professional
- associations; training institutions; non-governmental
- organizations (NGOs) and faith-based organizations
- (FBOs); private sector partners; representatives from
- Ministries of Finance, Education, Labour, local government
- and other relevant entities; public service commissions
- or agencies; multilateral and bilateral development
- partners and regulatory bodies.
- A stakeholder analysis should be employed to ensure

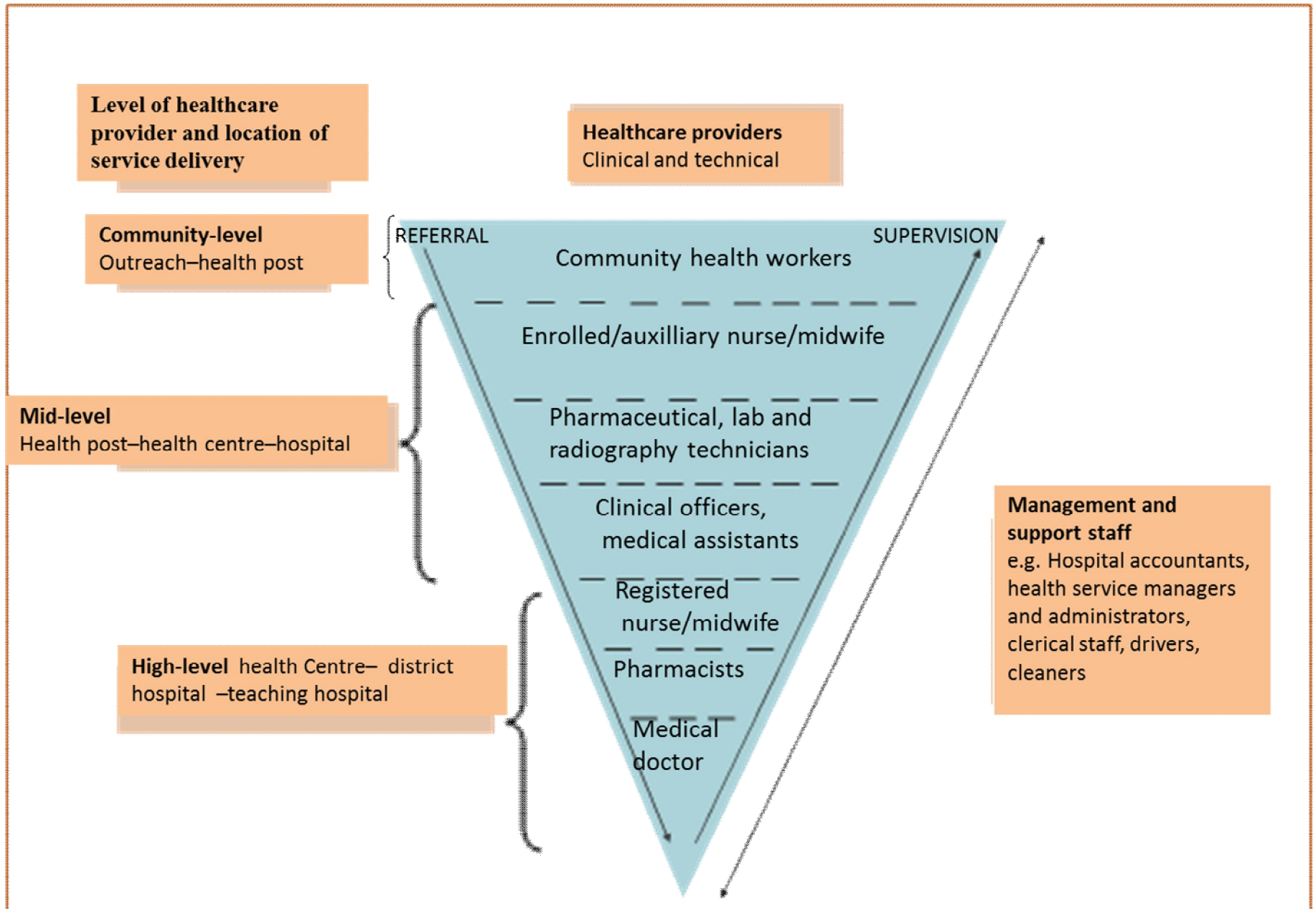


Expected Outcomes of the CCF

- One comprehensive, costed, evidence-based HRH plan integrated with: National Vision, NDP, HSSIP, Swaps
- Financing of the HRH plan
- Capacity building of stakeholders
- Consistency in implementation of the HRH plan
- A unified monitoring and evaluation framework



How different health workers fit in a health system (source: WHO and GHWA.2008)

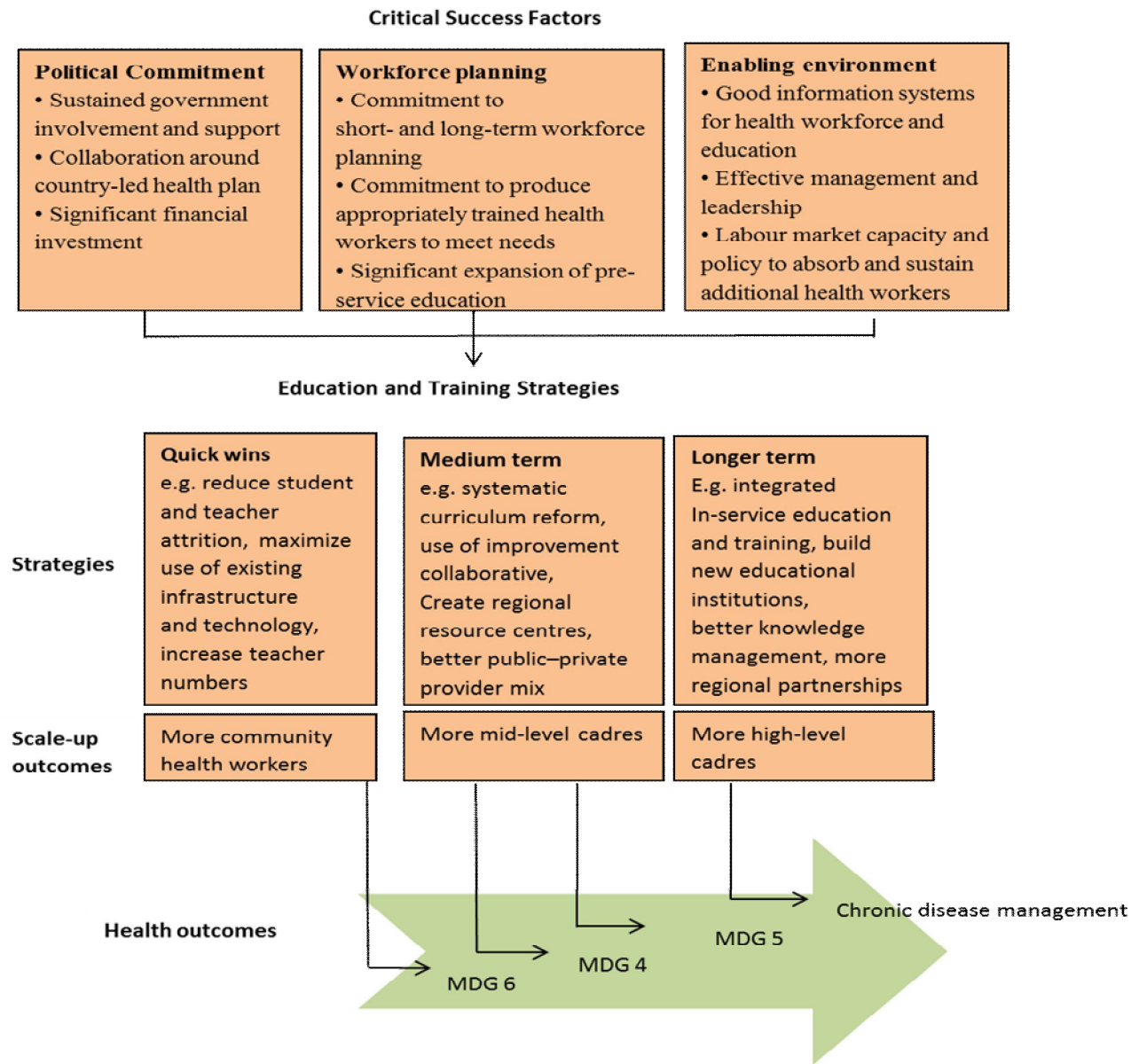


Expertise by Level of Service and Intensity

		Promotive and preventive	Curative and rehabilitative
Level 1:	Community health services	+++++	++
Levels 2 and 3:	Primary health services	++++	+++
Levels 4 and 5:	Referral hospitals (public)	++	++++
Level 6:	Teaching hospitals	+	++++

Source: WHO and GHWA. 2008. Scaling up, Saving Lives: Task Force for Scaling Up Education and Training for Health Workers, Global Health Workforce Alliance.

How Scaling up Education and Training can Impact on Health Outcomes (Source: WHO and GHWA. 2008)



Quality Assurance for HRH

- Strong Regulatory Bodies
- Strict and Independent Accreditation
- Strong Professional Associations
- Supportive Supervision
- Educated Demand
- Self Assessment



Implications for Countries

- Link with National Development Plans
- Link E &T to Population health needs
- Create Country Multi-stakeholder Alliances (CCF)
- Establish HWF Information Systems (Observatories)
- Prioritize Education and Training of HWF
- Plan long term, act short and review frequently

Coordinating Actors

- AUC: political leadership, policies, ownership, accountability.
- APHRH: Advocacy, visibility, convening professional associations, resource mobilization
- WHO: Technical support, Observatory, Roadmap adopted

Summit Outcomes

- Draft Resolution on HRH
- African Voice at the 3rd Global Forum
- Others?