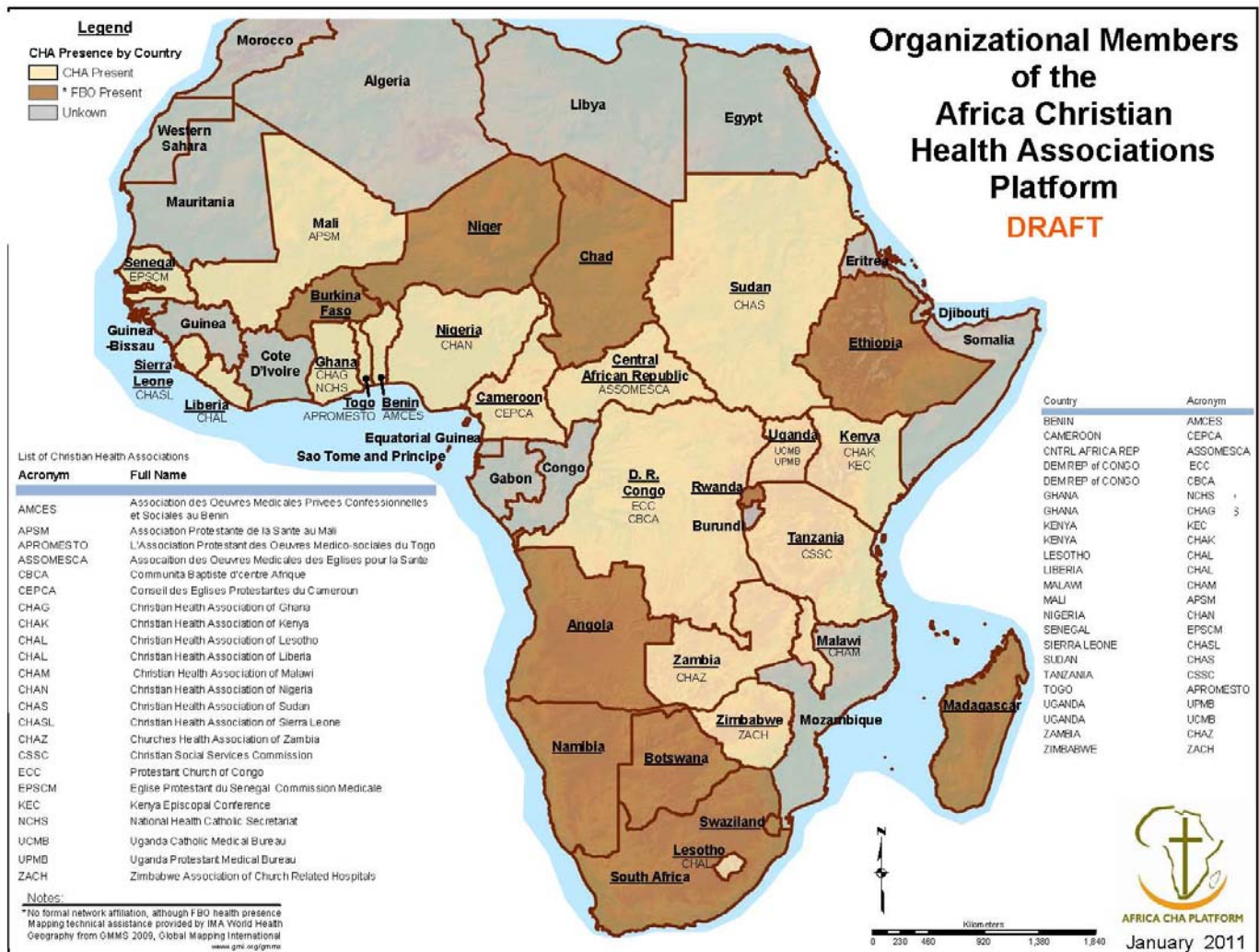


# Number 79, March 2013

## Hotline HRH



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## RESOURCES

### World Health Worker Week

On April 8, the Global Health Workforce Alliance and the members of the Frontline Health Workers Coalition are launching **World Health Worker Week** – a week dedicated to raising the profile of health workers around the world and mobilizing individuals, communities, partners and governments to take action in support of the work that they do every day.

World Health Worker Week, running from April 8-12, offers an NEW opportunity for the purpose of engagement, mobilization and advocacy around health workers and we hope that organizations interested in highlighting the work of health workers will consider participating.

We encourage everyone to share this toolkit with any local, national or global partners that you see fit. We are trying to amplify the voices of health workers, and on behalf of health workers, so the louder the better.

The engagement toolkit may be found: <http://www.who.int/workforcealliance/en/>

### Human Resources Management Assessment Approach

Strengthening the human resources management (HRM) of the health workforce is essential to improve the quality of family planning, HIV/AIDS, maternal and child health, and other key services, and to ensure that global investments to increase the number of trained health workers are supported and sustained. The Human Resources Management Assessment Approach is designed to guide policy-makers, managers, and human resources practitioners toward better understanding and responding to the HRM challenges facing their health systems. The approach promotes the collection and analysis of information on defined HRM challenges and informs the development of policy, strategy, systems, and process interventions to respond to challenges in four key areas of HRM: health workforce planning and implementation, work environment and conditions, human resources information systems, and performance management.

For full resource: <http://www.capacityplus.org/files/resources/hrm-assessment-approach.pdf>

### Massive development gains in the South is improving the economic, social and health prospects for millions, says Human Development Report

The world is changing rapidly with developing nations spearheading global economic growth, impressive poverty reduction and the rise of a healthier, better educated middle class, says the UN Development Programme's (UNDP) Human Development Report 2013.

According to the publication, *The Rise of the South: Human Progress in a Diverse World*, this rise is "unprecedented in its speed and scale. Never in history have the living conditions and prospects of so many people changed so dramatically and so fast."

The momentum of such achievements in poverty reduction, education, income and tackling health issues like HIV, is increasing. It can be seen as an overdue “global rebalancing” with new actors “shaping the development landscape” and gaining in political and economic influence.

There has been notably rapid progress in more than 40 countries of the South—traditionally referred to as developing nations—whose advancement has been markedly better than expected, the report notes. Coming from all continents and ranging widely in size, they include: Bangladesh, Brazil, Chile, China, Ghana, India, Mexico, Rwanda, Uganda and Vietnam. Uganda, for example, through a series of economic, health, education and social measures, has managed to halve extreme poverty before the Millennium Development Goal deadline of 2015. It fell from 56% in 1992-93 to 25% in 2009-10.

The report was launched in Mexico City on March 14 by the UNDP’s Administrator Helen Clark and Mexican President Enrique Peña Nieto. As well as an extensive analysis of original research, it also contains an updated *Human Development Index* which measures the progress of nations in terms of health, education and income. In addition, the publication contains data on the critical gender aspect of development in its *Gender Inequality Index* which shows that despite serious inequities persisting, there has been progress in equality almost everywhere.

As with general development, the pace of success in the AIDS response is quickening in an unprecedented way. The 2012 UNAIDS global report showed that the rate of infection across 25 low- and middle-income countries has been cut by half.

The accelerated development of the South is critical to the success of the global AIDS response as the most heavily burdened countries are low- and middle income. UNAIDS maintains that getting to zero new infections, zero discrimination and zero AIDS-related deaths will need advances not only in the sphere of health and HIV but in terms of poverty reduction, education, gender equality and enhanced life opportunities.

See at <http://www.unaids.org/en/resources/presscentre/featurestories/2013/march/20130314undp/>

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### **Performance Management Plans: A Checklist for Quality Assessment**

A performance management plan (PMP) establishes guidelines for the collection of specific information that will be used to assess program or project progress and guide decision making. U.S. Agency for International Development (USAID) operating units must prepare a PMP for each direct objective for which they are responsible. Projects may develop their own PMPs using guidance from USAID’s Automated Directives System (ADS). While the scope and scale of projects can differ substantially, quality standards for performance management planning are essentially universal. A 14-item checklist provided in this guide is designed to help managers decide whether or not a document has the basic characteristics of a good PMP.

For full document: [https://www.cpc.unc.edu/measure/publications/MS-12-53?utm\\_campaign=PMP%20Webinar%20Reminder&utm\\_medium=email&utm\\_source=newsletter&utm\\_content=Performance%20Management%20Plans%3A%20A%20Checklist%20for%20Quality%20Assessment](https://www.cpc.unc.edu/measure/publications/MS-12-53?utm_campaign=PMP%20Webinar%20Reminder&utm_medium=email&utm_source=newsletter&utm_content=Performance%20Management%20Plans%3A%20A%20Checklist%20for%20Quality%20Assessment)

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### **La formation du personnel de santé**

*French translation of CapacityPlus Issue Brief #6. Comment les pays peuvent-ils étendre l’éducation des prestataires de soins afin de répondre aux besoins sanitaires?*

<http://www.capacityplus.org/files/resources/issue-brief-6-fr.pdf>

### **Les agents de santé communautaires**

*French translation of CapacityPlus Issue Brief #5. Comment les pays peuvent-ils rapidement accroître leurs effectifs sanitaires ?*

<http://www.capacityplus.org/files/resources/issue-brief-5-fr.pdf>

### **Les organisations confessionnelles**

*French translation of CapacityPlus Issue Brief #4. Comment les gouvernements peuvent-ils travailler avec les organisations confessionnelles pour renforcer le personnel de santé?*

<http://www.capacityplus.org/files/resources/issue-brief-4-fr.pdf>

## **TRAINING/WORKSHOP INFORMATION**

### **International Health Consultancy**

7 - 24 May 2013

The Liverpool School of Tropical Medicine is delighted to announce that recruitment is now open for its highly acclaimed Short Course in International Health Consultancy from 7th – 24th May 2013. The course is an executive/senior level professional development programme, and is of value to health, management and social development specialists working in government, non government and academic settings worldwide who want to work in a technical assistance role in middle and low-income countries.

This highly intensive 3-week post-graduate course provides emerging national, regional and international consultants with an opportunity to enhance and improve their professional knowledge and skills in the provision and management of consultancy services within the context of international health and deliver technical assistance that is robust, evidence-based and grounded in the reality of resource-poor settings.

For further information and to register please visit:

<http://www.lstm.liverpool.ac.uk/learning--teaching/lstm-courses/short-courses/mg01---international-health-consultancy>

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### **Gender, Rights and Health e-learning course**

*Course date: September 2 – November 8, 2013*

Health programmes and health policies are often developed without taking into consideration the gender dimensions and rights perspective into consideration. This course equips participants with concepts, tools and analytical frameworks to analyze health programmes, policies and research from a gender and rights perspective. The course will take place in a Virtual Learning Community – a web-based learning arrangement.

*For additional information: [http://www.kit.nl/kit/Gender,-rights-and-health-\(e-learning\)](http://www.kit.nl/kit/Gender,-rights-and-health-(e-learning))*

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### **Procurement and Supply Management (PSM) for Global Fund PRs and Related Consultants**

22 – 27 July 2013

Pharmasystafrica and the Churches Health Association of Zambia (CHAZ) are offering a one-week course on responding to PSM bottle necks and challenges. The course will be tailored to address



actual in-country PSM challenges based on a collection of case studies. Training of programs staff to address their own challenges based on country needs and priorities is essential for building sustainable capacity.

For additional information: [http://www.pharmasystafrica.com/index.php?option=com\\_content&view=article&id=67:procurement-and-supply-management-psm-for-global-fund-prs-and-related-consultants&catid=3:events&Itemid=58](http://www.pharmasystafrica.com/index.php?option=com_content&view=article&id=67:procurement-and-supply-management-psm-for-global-fund-prs-and-related-consultants&catid=3:events&Itemid=58)

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## **Formations courtes en Logistique de Santé : début 2013**

La logistique de santé est la fonction qui traite de l'emploi des ressources matérielles indispensables à l'efficacité, la qualité et l'efficience des activités sanitaires au sein des programmes et structures. Elle fait appel à des compétences managériales et techniques (flux, services généraux, opérations de santé). L'Institut Bioforce a mis en place des formations courtes qui ont pour objectif de développer les compétences en logistique de santé. Découvrez le programme des formations à venir :

« *Gérer la chaîne d'approvisionnement des produits de santé essentiels* »

| 15-19 avril | 5.5 jours | 1800€ | Ouagadougou |

Stocks, Produits de santé essentiels, Systèmes d'information, Contrôle des inventaires, Chaîne d'approvisionnement, Gestion prévisionnelle, Quantification et planification des achats

« *Quantification des produits de santé* »

| 22-26 avril | 5 jours | 1800€ | Ouagadougou |

Disponibilité, Approvisionnement, Ressources existantes - futures, Ressources Limitées, Gestion des stocks, Prévisions, Sources de Financement, Plan d'approvisionnement, Projections, Contraintes Environnementales et politiques, Méthodes de planification

A noter ! Les deux sessions ayant lieu au mois d'avril « Gérer la chaîne d'approvisionnement des produits de santé essentiels », « Quantification des produits de santé » s'enchainent dans le calendrier et sont complémentaires dans les apprentissages!

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## **Gender equity in value chain development**

*Course date: November 4 – November 15, 2013*

*NFP scholarship deadline: May 7, 2013*

Drawing from a multitude of practiced based case material, this 10-day course offers strategies and tools to design value chain interventions that have positive impact both on gender equality and business development of the value chain itself. This participatory experience based course offers you a framework to help plan and implement value chain interventions in such a way that women benefit more from value chains, while at the same time increasing business development opportunities within the chain as a whole. For this course and a number of other advanced courses, participants can apply for funding from the Netherlands Fellowship Programme (NFP).

For additional information: <http://www.kit.nl/kit/DEV-Training-Value-chain-development-Gender-in-value-chains>

## ARTICLES OF INTEREST

### Review of CHW Effectiveness for MDGs

A report by Dr. Henry Perry and Rose Zulliger of the Johns Hopkins Bloomberg School of Public Health estimates that using community health workers (CHWs) to provide health services to families can significantly improve health outcomes and potentially save the lives of 3.6 million children per year. These important findings support the urgency of the One Million Community Health Workers Campaign.

The groundbreaking report, commissioned by the MDG Health Alliance, comprehensively assesses evidence related to the effectiveness of CHW programs for achieving the Millennium Development Goals (MDGs). Prior research focused on specific health interventions but not on the delivery of those interventions to those who need them most.

The One Million CHW Technical Taskforce, convened by the Earth Institute in 2011, posited that CHWs — working in partnership with other frontline health workers and anchored in the primary health care system — are crucial for delivering effective, community-based interventions to meet the health-related MDGs.

Current scientific evidence is overwhelmingly supportive of the Taskforce's hypothesis. The authors of this new report conclude that 3.6 million child deaths could be averted if CHW interventions are expanded to maximum coverage in the 73 countries with the highest burden of child mortality. This represents almost half of the deaths of children under five years of age presently occurring. Around 10 percent of children in sub-Saharan Africa die before reaching their fifth birthday, overwhelmingly of preventable and treatable causes.

Given the enormous potential impact of CHWs on child and maternal health, the report serves as a rallying cry for greater investment in CHW programs. "The integral part that CHWs play in primary health care systems has never been more clear. This study reinforces what a powerful role a CHW can have in their community," says Dr. Prabhjot Singh, co-chair of the One Million CHW Campaign. The campaign will work closely with governments and aid agencies to mobilize additional funds from existing and new donors, as well as from the host countries consistent with their budgetary means, to train and deploy health workers.

Many countries are struggling to make progress toward the health-related MDGs partly because so many people live in rural areas beyond the reach of well-staffed and well-provisioned health care. Trained CHWs — equipped with supplies and with smart phones that enable them to get training, advice, data and access to emergency services — can transform the rural health situation. Smart phones also allow for smart systems, in which health managers quickly receive valuable information entered by the community health workers.

For full report: <http://www.coregroup.org/our-technical-work/program-learning/community-health-workers/327-review-of-chw-effectiveness-for-mdgs>

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### Improving the use of health data for health system strengthening

Good quality and timely data from health information systems are the foundation of all health systems. However, too often data sit in reports, on shelves or in databases and are not sufficiently utilised in policy and program development, improvement, strategic planning and advocacy. Without specific interventions aimed at improving the use of data produced by information systems, health

systems will never fully be able to meet the needs of the populations they serve.

To employ a logic model to describe a pathway of how specific activities and interventions can strengthen the use of health data in decision making to ultimately strengthen the health system.

A logic model was developed to provide a practical strategy for developing, monitoring and evaluating interventions to strengthen the use of data in decision making. The model draws on the collective strengths and similarities of previous work and adds to those previous works by making specific recommendations about interventions and activities that are most proximate to affect the use of data in decision making. The model provides an organizing framework for how interventions and activities work to strengthen the systematic demand, synthesis, review, and use of data.

The logic model and guidance are presented to facilitate its widespread use and to enable improved data-informed decision making in program review and planning, advocacy, policy development. Real world examples from the literature support the feasible application of the activities outlined in the model.

The logic model provides specific and comprehensive guidance to improve data demand and use. It can be used to design, monitor and evaluate interventions, and to improve demand for, and use of, data in decision making. As more interventions are implemented to improve use of health data, those efforts need to be evaluated.

For full article: <http://www.globalhealthaction.net/index.php/gha/article/view/20001>

### **Performance Assessment in Primary Health Care: A Systematic Literature Review**

'The aim of this research is to carry out a systematic literature review of the studies devoted to the performance assessment of primary health care providers. Focusing on the peculiarities of performance evaluation in the public sector, we analyse the selected empirical papers in terms of the efficacy of the developed measurement schemes. We also examine and classify performance measurement categories, dimensions, and techniques in order to provide a holistic picture of the main developments in the referred domain and to identify directions for future research.

'...Although the organisational forms of primary health care providers may vary considerably across the countries, every health system aims at achieving equitable, efficient and effective delivery of health care services. In doing so, each system seeks to maximize its positive effect on health related quality of life of people in different communities.

'In this study we reviewed existing approaches presented in the relevant papers to compare performance of primary care providers. In this respect, different aspects of the performance assessment process were examined in order to provide an integral picture of the main developments in the referred domain and to draw a research agenda for the future. In what follows, we discuss the major results of our analysis.

'Considering the multiplicity of stakeholders in the health care sector, it is essential to ensure that the ultimate results of performance measurement are demanded and of interest to certain stakeholders. Furthermore, stakeholders' participation in the development of measurement frameworks enables to capture the relevant facets of performance within a primary health care organisation and subsequently to construct robust and feasible measures...'

For full document: <http://bit.ly/1416eDv>

## **Human resource governance: what does governance mean for the health workforce in low- and middle-income countries?**

Research on practical and effective governance of the health workforce is limited. This paper examines health system strengthening as it occurs in the intersection between the health workforce and governance by presenting a framework to examine health workforce issues related to eight governance principles: strategic vision, accountability, transparency, information, efficiency, equity/fairness, responsiveness and citizen voice and participation.

This study builds off of a literature review that informed the development of a framework that describes linkages and assigns indicators between governance and the health workforce. A qualitative analysis of Health System Assessment (HSA) data, a rapid indicator-based methodology that determines the key strengths and weaknesses of a health system using a set of internationally recognized indicators, was completed to determine how 20 low- and middle-income countries are operationalizing health governance to improve health workforce performance.

The 20 countries assessed showed mixed progress in implementing the eight governance principles. Strengths highlighted include increasing the transparency of financial flows from sources to providers by implementing and institutionalizing the National Health Accounts methodology; increasing responsiveness to population health needs by training new cadres of health workers to address shortages and deliver care to remote and rural populations; having structures in place to register and provide licensure to medical professionals upon entry into the public sector; and implementing pilot programs that apply financial and non-financial incentives as a means to increase efficiency. Common weaknesses emerging in the HSAs include difficulties with developing, implementing and evaluating health workforce policies that outline a strategic vision for the health workforce; implementing continuous licensure and regulation systems to hold health workers accountable after they enter the workforce; and making use of health information systems to acquire data from providers and deliver it to policymakers.

The breadth of challenges facing the health workforce requires strengthening health governance as well as human resource systems in order to effect change in the health system. Further research into the effectiveness of specific interventions that enhance the link between the health workforce and governance are warranted to determine approaches to strengthening the health system.

For full article: <http://www.human-resources-health.com/content/pdf/1478-4491-11-6.pdf>

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## **Innovative Financing Options for the Preservice Education of Health Professionals**

Many developing countries are making significant investments to increase the number of health workers available to provide care to growing populations. However, the available funding is far short of what is required. For these countries to train and produce a health workforce sufficient to meet the population's needs, new sources of funding for health worker education need to be found.

To address this problem, CapacityPlus partnered with the International Finance Corporation, the World Bank, and the Global Health Workforce Alliance to explore innovative solutions for the financing of health worker education. This technical brief describes 19 forms of financing, the majority of which have been applied successfully in health professional schools.

For full brief: <http://www.capacityplus.org/files/resources/innovative-financing-options-preservice-education-health-professionals.pdf>



## 2013 ACHA BIENNIAL CONFERENCE

The Churches Health Association of Zambia in collaboration with the ACHAP Secretariat hosted a wonderful 6<sup>th</sup> Biennial Christian Health Associations Conference held in Lusaka.

With almost 100 participants, the theme of the conference was ***“Increasing burden of non-communicable diseases (NCDs) in Africa; health systems strengthening towards scaling up FBOs response”***.

The pre-conference day had learning opportunities for participants wishing to learn about Family Planning or Diabetes and the HRH TWG met with a discussion focusing on the impact that non-communicable diseases is having on the health workforce as well as a TWG business meeting.

The main conference focused on NCDs while the post-conference meeting was sponsored by UN-AIDS and brought together the faith-community with their ministerial counterparts for a discussion on HIV/AIDS.

The Biennial Conference provided an opportunity for learning and sharing among the CHAs, partners and other stakeholders.

The Conference report and power point presentations will be made available on the ACHAP web-site: [www.africachap.org](http://www.africachap.org)

### **Hotline HRH 2012 Monthly Schedule**

January 30, 2013	July 31, 2013
February 27, 2013	August 28, 2013
March 27, 2013	September 25, 2013
April 24, 2013	October 30, 2013
May 29, 2013	November 27, 2013
June 26, 2013	December 25, 2013

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

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