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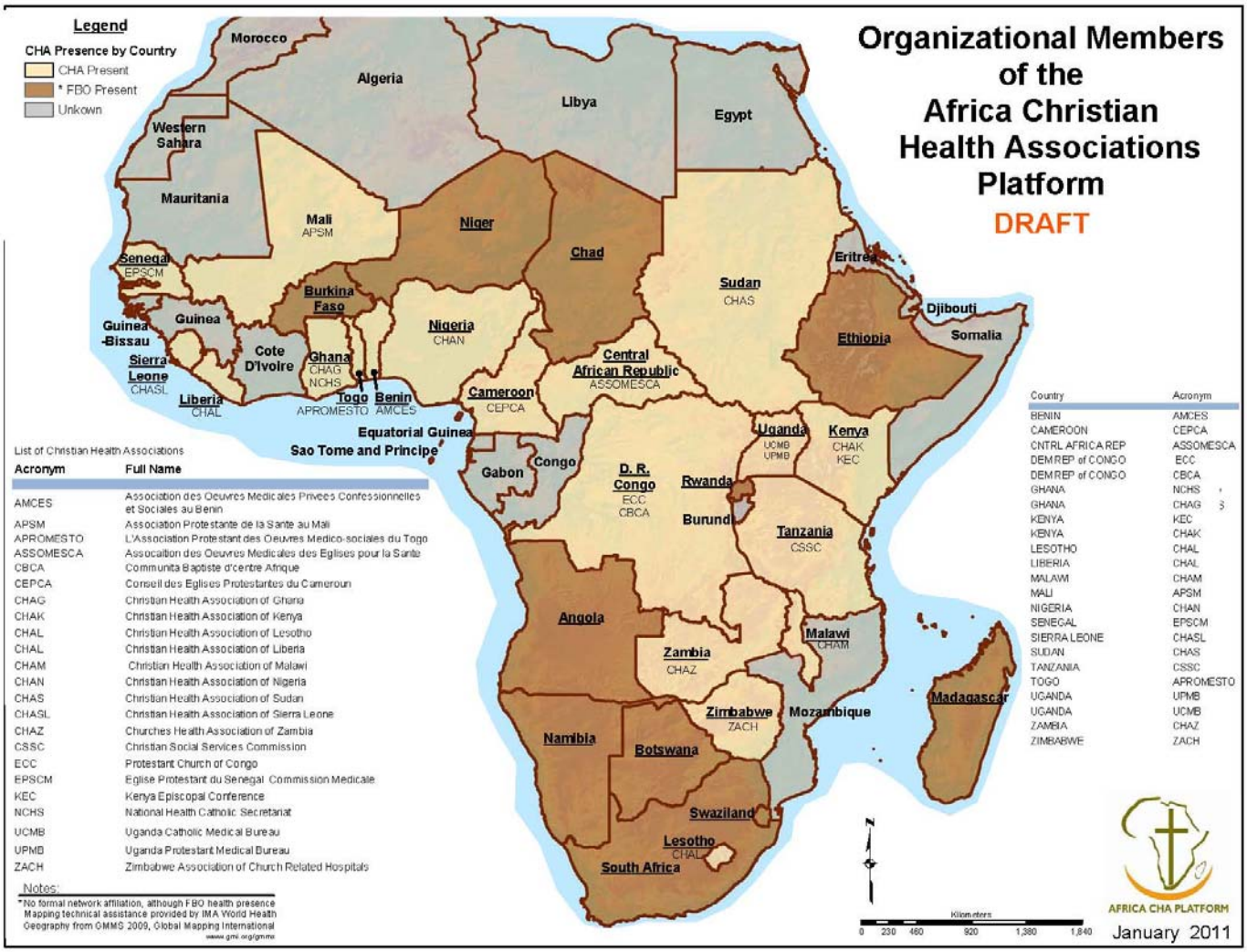
Hotline HRH



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

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RESOURCES

Health Informatics Education and Training Programs: Important Factors to Consider

Health informatics is of growing importance in efforts to improve health outcomes across the globe, involving many components of health systems. It is primarily concerned with the process of making health-related data accessible and useful for evidence-based decision-making. To take advantage of the potential advantages offered by health informatics, health workers must be able to access relevant data and be comfortable with its application. Therefore, preservice education and in-service training in information technology should be part of the national investment in health systems. This technical brief introduces the concept of health informatics and describes the considerations to be kept in mind when designing education and training programs for health informatics.

For full document: http://www.capacityplus.org/health-informatics-education-and-training-programs

Journal of Pharmaceutical Policy and Practice

Journal of Pharmaceutical Policy and Practice (formerly known as *Southern Med Review*) is an open access, peer-reviewed journal. It provides a platform for researchers to disseminate empirical research findings, with the aim that people everywhere have access to the medicines they need and use them rationally

Journal of Pharmaceutical Policy and Practice encompasses all aspects of pharmacy whether clinical, social, administrative or economic, and provides a platform to researchers, academics and practitioners from around the world to share new evidence, concerns and perspectives.

The Fournal may be found: http://www.joppp.org/

Exploring Contraceptive Use Differentials in Sub-Saharan Africa through a Health Workforce Lens

Globally, 56% of all married women are using a modern method of contraception, up from less than 10% in 1960. In sub-Saharan Africa, however, only 19% of married women are using a modern method of contraception. Since nearly all family planning services require assistance from a health worker, access to health workers is a principal supply-side determinant of family planning service use. This technical brief presents findings from a study that explored if and how health workforce measures differ between eastern and western Africa, in an effort to identify factors that may have helped some countries to achieve important gains in contraceptive prevalence while other countries have not. The findings raise questions about whether government commitment and certain policy choices vis-à-vis health workforce distribution and qualifications—even when absolute levels of health worker density are low—could make a difference in the provision of family planning services in resource-constrained countries.

For full brief: http://www.capacityplus.org/files/resources/exploring-contraceptive-use-differentials-sub-saharan-africa-health-workforce-lens.pdf

TRAINING/WORKSHOP INFORMATION

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

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)

Gender equity in value chain development
Course date: November 4 – November 15, 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

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The mHealth Summit 2013

The 2013 mHealth Summit will feature the second-annual Global Health track, which will showcase applications of mobile technology in a global setting, with a particular emphasis on low- and middle-income countries.

This cross-cutting track will highlight mHealth efforts to improve health outcomes, including proven approaches and lessons learned from the field.
Key regions of interest include: Africa, South-east Asia, Latin America and the Middle-East.

Topics Include:

- Sustainability Models in Low and Middle Income Countries
- Effective Partnerships for Scale
- mHealth for Women's Empowerment
- mHealth for Youth Engagement & Empowerment
- Design and User Feedback/Experience in mHealth
- Aging and/or Managing Chronic Disease

Website: http://www.mhealthsummit.org/program-details/call-presentations

ARTICLES OF INTEREST

Accreditation in a Sub Saharan Medical School: a case study at Makerere University

Of more than the 2,323 recognized and operating medical schools in 177 countries (world wide) not all are subjected to external evaluation and accreditation procedures. Quality Assurance in medical education is part of a medical school's ethical responsibility and social accountability. Pushing this agenda in the midst of resource limitation, numerous competing interests and an already over-whelmed workforce were some of the challenges faced but it is a critical element of our medical profession's social contract. This analysis paper highlights the process of standard defining for Medical Education in a typically low resourced sub Saharan medial school environment.

The World Federation for Medical Education template was used as an operating point to define standards. A wide range of stakeholders participated and meaningfully contributed in several consensus meetings. Effective participatory techniques were used for the information gathering process and analysis.

Standards with a clear intent to enhance education were set through consensus. A cyclic process of continually measuring, judging and improving all standards was agreed and defined. Examples of the domains tackled are stated.

Our efforts are good for our patients, our communities and for the future of health care in Uganda and the East African region.

For full article: http://www.biomedcentral.com/content/pdf/1472-6920-13-73.pdf

Evaluation of a Well-Established Task-Shifting Initiative: The Lay Counselor Cadre in Botswana

While evidence supports task shifting to address health worker shortages, there is a need to learn from large-scale, established programs to identify ways to achieve the largest, most sustainable impact. Several recent literature reviews have highlighted this gap in the literature and accentuated the need to better understand how to make the best use of the task-shifting approach and how to use task shifting to achieve the strongest impact.

This study examined the role of lay counselors in the provision of HIV services in Botswana's health facilities from 2002 to 2010 to identify factors related to the effectiveness of the cadre and their contribution to the health workforce. Specifically, the objectives of this evaluation were to: describe the

demographic characteristics and duties of the lay counselor cadre; examine the performance of the lay counselors in terms of their knowledge, skills, and their contribution to the health workforce; and explore factors related to the performance of the cadre.

For full article: http://www.hrhresourcecenter.org/node/5028

Differences in Preferences for Rural Job Postings between Nursing Students and Practicing Nurses: Evidence from a Discrete Choice Experiment in Lao People's Democratic Republic

A discrete choice experiment was conducted to investigate preferences for job characteristics among nursing students and practicing nurses to understand whether differing policies may be appropriate for each group. Data were collected from 256 nursing students and 249 practicing nurses. For both groups, choice of job posting was strongly influenced by salary and direct promotion to permanent staff. As compared to nursing students, practicing nurses had significantly lower preference for housing allowance and housing provision as well as lower preference for provision of transportation for work and personal use. Findings suggest that it may be important to differentiate between recruitment and retention policies when addressing human resources for health challenges in developing countries, such as Lao PDR.

For full article: http://www.human-resources-health.com/content/pdf/1478-4491-11-22.pdf

Public sector services for the prevention of mother-to-child transmission of HIV infection: a micro-costing survey in Namibia and Rwanda

To assess the costs associated with the provision of services for the prevention of mother-to-child transmission (PMTCT) of human immunodeficiency virus in two African countries.

In 2009, the costs to health-care providers of providing comprehensive PMTCT services were assessed in 20 public health facilities in Namibia and Rwanda. Information on prices and on the total amount of each service provided was collected at the national level. The costs of maternal testing and counselling, male partner testing, CD4+ T-lymphocyte (CD4+ cell) counts, antiretroviral prophylaxis and treatment, community-based activities, contraception for 2 years postpartum and early infant diagnosis were estimated in United States dollars (US$).

The estimated costs to the providers of PMTCT, for each mother–infant pair, were US$ 202.75–1029.55 in Namibia and US$ 94.14–342.35 in Rwanda. These costs varied with the drug regimen employed. At 2009 coverage levels, the maximal estimates of the national costs of PMTCT were US$ 3.15 million in Namibia and US$ 7.04 million in Rwanda (or <US$ 0.75 per capita in both countries). Adult testing and counselling accounted for the highest proportions of the national costs (37% and 74% in Namibia and Rwanda, respectively), followed by management and supervision. Treatment and prophylaxis accounted for less than20% of the costs of PMTCT in both study countries.

The costs involved in the PMTCT of HIV varied widely between study countries and in accordance with the protocols used. However, since per-capita costs were relatively low, the scaling up of PMTCT services in Namibia and Rwanda should be possible.

For full article: http://www.who.int/bulletin/volumes/91/6/12-113639.pdf

Vertical funding, non-governmental organizations, and health system strengthening: perspectives of public sector health workers in Mozambique

In the rapid scale-up of human immunodeficiency virus (HIV) care and acquired immunodeficiency syndrome (AIDS) treatment, many donors have chosen to channel their funds to non-governmental organizations and other private partners rather than public sector systems. This approach has reinforced a private sector, vertical approach to addressing the HIV epidemic. As progress on stemming the epidemic has stalled in some areas, there is a growing recognition that overall health system strengthening, including health workforce development, will be essential to meet AIDS treatment goals. Mozambique has experienced an especially dramatic increase in disease-specific support over the last eight years. We explored the perspectives and experiences of key Mozambican public sector health managers who coordinate, implement, and manage the myriad donor-driven projects and agencies.

Over a four-month period, we conducted 41 individual qualitative interviews with key Ministry workers at three levels in the Mozambique national health system, using open-ended semi-structured interview guides. We also reviewed planning documents.

All respondents emphasized the value and importance of international aid and vertical funding to the health sector and each highlighted program successes that were made possible by recent increased aid flows. However, three serious concerns emerged: 1) difficulties coordinating external resources and challenges to local control over the use of resources channeled to international private organizations; 2) inequalities created within the health system produced by vertical funds channeled to specific services while other sectors remain under-resourced; and 3) the exodus of health workers from the public sector health system provoked by large disparities in salaries and work.

The Ministry of Health attempted to coordinate aid by implementing a "sector-wide approach" to bring the partners together in setting priorities, harmonizing planning, and coordinating support. Only 14% of overall health sector funding was channeled through this coordinating process by 2008, however. The vertical approach starved the Ministry of support for its administrative functions. The exodus of health workers from the public sector to international and private organizations emerged as the issue of greatest concern to the managers and health workers interviewed. Few studies have addressed the growing phenomenon of "internal brain drain" in Africa which proved to be of greater concern to Mozambique's health managers.

For full article: http://www.human-resources-health.com/content/11/1/26/abstract

A literature review: the role of the private sector in the production of nurses in India, Kenya, South Africa and Thailand

The demand for nurses is growing and has not yet been met in most developing countries, including India, Kenya, South Africa, and Thailand. Efforts to increase the capacity for production of professional nurses, equitable distribution and better retention have been given high strategic priority. This study examines the supply of, demand for, and policy environment of private nurse production in four selected countries.

A scoping systematic review was undertaken to assess the evidence for the role of private sector involvement in the production of nurses in India, Kenya, South Africa, and Thailand. An electronic database search was performed, and grey literature was also captured from the websites of Human Resources for Health (HRH)-related organizations and networks. The articles were reviewed and selected according to relevancy.

The review found that despite very different ratios of nurses to population ratios and differing degrees of international migration, there was a nursing shortage in all four countries which were struggling to meet growing demand. All four countries saw the private sector play an increasing role in nurse production. Policy responses varied from modifying regulation and accreditation schemes in Thailand, to easing regulation to speed up nurse production and recruitment in India. There were concerns about the quality of nurses being produced in private institutions.

Strategies must be devised to ensure that private nursing graduates serve public health needs of their populations. There must be policy coherence between producing nurses for export and ensuring sufficient supply to meet domestic needs, in particular in under-served areas. This study points to the need for further research in particular assessing the contributions made by the private sector to nurse production, and to examine the variance in quality of nurses produced.

For full article: http://www.human-resources-health.com/content/11/1/14/abstract

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Gender-based distributional skewness of the United Republic of Tanzania's health workforce cadres: a cross-sectional health facility survey

While severe shortages, inadequate skills and a geographical imbalance of health personnel have been consistently documented over the years as long term critical challenges in the health sector of the United Republic of Tanzania, there is limited evidence on the gender-based distribution of the health workforce and its likely implications. Extant evidence shows that some people may not seek healthcare unless they have access to a provider of their gender. This paper, therefore, assesses the gender-based distribution of the United Republic of Tanzania's health workforce cadres.

This is a secondary analysis of data collected in a cross-sectional health facility survey on health system strengthening in the United Republic of Tanzania in 2008. During the survey, 88 health facilities, selected randomly from 8 regions, yielded 815 health workers (HWs) eligible for the current analysis. While Chi-square was used for testing associations in the bivariate analysis, multivariate analysis was conducted using logistic regression to assess the relationship between gender and each of the cadres involved in the analysis.

The mean age of the HWs was 39.7, ranging from 15 to 63 years. Overall, 75% of the HWs were women. The proportion of women among maternal and child health aides or medical attendants (MCHA/MA), nurses and midwives was 86%, 86% and 91%, respectively, while their proportion among clinical officers (COs) and medical doctors (MDs) was 28% and 21%, respectively. Multivariate analysis revealed that the odds ratio (OR) and 95% confidence interval (CI) that a HW was a female (baseline category is "male") for each cadre was: MCHA/MA, OR = 3.70, 95% CI 2.16-6.33; nurse, OR = 5.61, 95% CI 3.22-9.78; midwife, OR = 2.74, 95% CI 1.44-5.20; CO, OR = 0.08, 95% CI 0.04-0.17 and MD, OR = 0.04, 95% CI 0.02-0.09.

The distribution of the United Republic of Tanzania's health cadres is dramatically gender-skewed, a reflection of gender inequality in health career choices. MCHA/MA, nursing and midwifery cadres are large and female-dominant, whereas COs and MDs are fewer in absolute numbers and male-dominant. While a need for more staff is necessary for an effective delivery of quality health services, adequate representation of women in highly trained cadres is imperative to enhance responses to some gender-specific roles in health care delivery as well as clients' satisfaction.

For full article: http://www.human-resources-health.com/content/11/1/28/abstract

Nursing and midwifery regulatory reform in east, central, and southern Africa: a survey of key stakeholders

In sub-Saharan Africa, nurses and midwives provide expanded HIV services previously seen as the sole purview of physicians. Delegation of these functions often occurs informally by shifting or sharing of tasks and responsibilities. Normalizing these arrangements through regulatory and educational reform is crucial for the attainment of global health goals and the protection of practitioners and those whom they serve. Enacting appropriate changes in both regulation and education requires engagement of national regulatory bodies, but also key stakeholders such as government chief nursing officers (CNO), professional associations, and educators. The purpose of this research is to describe the perspectives and engagement of these stakeholders in advancing critical regulatory and educational reform in east, central, and southern Africa (ECSA).

We surveyed individuals from these three stakeholder groups with regard to task shifting and the challenges related to practice and education regulation reform. The survey used a convenience sample of nursing and midwifery leaders from countries in ECSA who convened on 28 February 2011, for a meeting of the African Health Profession Regulatory Collaborative.

A total of 32 stakeholders from 13 ECSA countries participated in the survey. The majority (72%) reported task shifting is practiced in their countries; however only 57% reported their national regulations had been revised to incorporate additional professional roles and responsibilities. Stakeholders also reported different roles and levels of involvement with regard to nursing and midwifery regulation. The most frequently cited challenge impacting nursing and midwifery regulatory reform was the absence of capacity and resources needed to implement change.

While guidelines on task shifting and recommendations on transforming health professional education exist, this study provides new evidence that countries in the ECSA region face obstacles to adapting their practice and education regulations accordingly. Stakeholders such as CNOs, nursing associations, and academicians have varied and complementary roles with regard to reforming professional practice and education regulation.

This study provides information for effectively engaging leaders in regulatory reform by clarifying their roles, responsibilities, and activities regarding regulation overall as well as their specific perspectives on task shifting and pre-service reform.

For full article: http://www.human-resources-health.com/content/11/1/29/abstract

Malawi: Mzuzu's St John's Nursing College to Offer Degree Programme

St. John's Nursing College, a Roman Catholic owned nursing training institution in Mzuzu,hasannounced plans to start offering a degree programme of State Registered Nurses. The college's principal Lilly Elizabeth Thindwa made the announcement during graduation ceremony of 29 students who were awarded with Technician Diplomas in Nursing and Midwifery on Saturday.

She explained that currently the institution is working on logistics of the programme but said the initiative would come into fruition after a year or two.

She said the students who were trained at the college who had attained technician Diploma in Nursing and Midwifery at the college and were considering upgrading their qualification would be considered.

Currently, it's University of Malawi through Kamuzu College of Nursing and Mzuzu University that offer graduate degree programme of State registered nurses.

Students' representative Andrew Kacheche described the three-year journey to the day of graduation as not been an easy one. He said they had joined the college in 2009 at a time when suddenly government decided to stop paying grants for nursing students.

"You can imagine we were ready to pay K35, 000 only to wake up one morning and be told we have to square the whole K335, 000 by ourselves. We had to struggle through thick and thin.

"But thank God, the government had resumed the grants in 2010. And now here we are graduating," he said.

Bishop Joseph Zuza who was guest of honour at the gala asked the students to serve the people of Malawi and beyond with love and dedication.

"Malawi has a shortage of nurses, doctors and clinicians, so I urge you my friends to always remember that you are dealing with life -something sacred and beyond any monetary gains.

For full article: http://allafrica.com/stories/201306251493.html

ACHAP IN THE NEWS

It was great to see so many ACHAP members at the recent CCIH conference. ACHAP members came from Kenya, Nigeria, Cameroon, DRC, Malawi, and South Sudan. They had the opportunity to have focused discussions around gender, women, health and development. In addition they met with US government officials to talk about the importance that global health funding has on their populations.

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

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Documents

http://africachap.org

Document Section

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