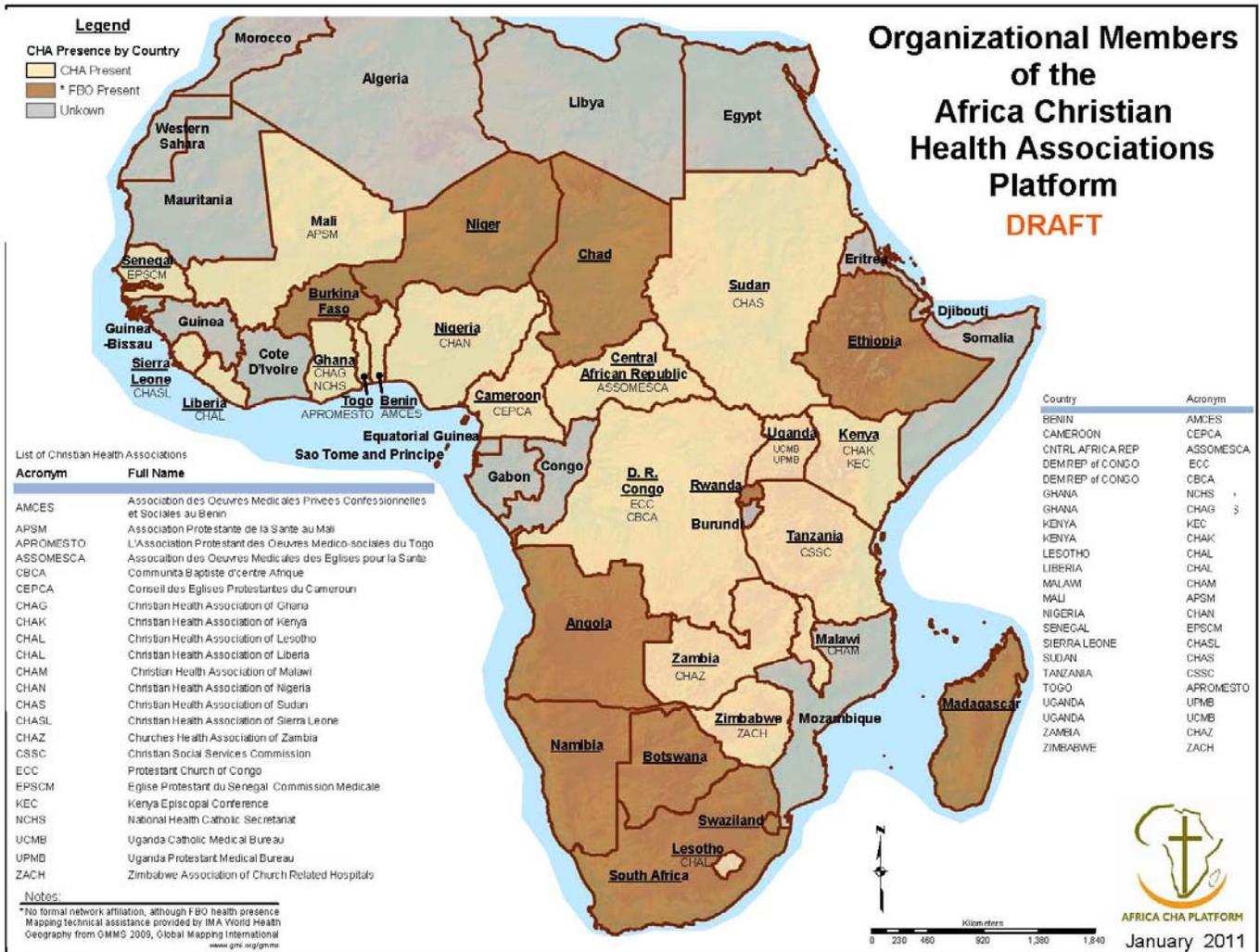


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RESOURCES

Laboratory services play a significant role in a country's public health system and in the delivery of quality health services. Expanding programs for HIV and AIDS, tuberculosis, and malaria require strong and supportive laboratory services. Laboratory capacity depends on the continuous availability of equipment, reagents, and consumables required to perform tests; these products must be supplied through effective supply chains. Laboratory systems are particularly challenging given the large number of commodities that they must manage; resource-limited environments introduce additional challenges.

The USAID | DELIVER PROJECT's Resources for Laboratory Supply Chains: A CD Toolkit provides a variety of tools necessary for strengthening a national laboratory supply chain system. Issues covered include assessment, policy, initial activities, support and supervision, product selection, quantification, computerized information management, and country examples of laboratory supply chain development. Key documents and tools include:

Assessment Tool for Laboratory Services and Supply Chains (ATLAS) Database (http://deliver.jsi.com/jsi/ATLAS_Database.zip) The ATLAS Database, created in Microsoft Access 2010, provides a step-by-step questionnaire used for data gathering. Data from the questionnaire is presented in reports, which can be analyzed for laboratory decisionmaking.

ATLAS Database Guide for Users and Administrators (http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/ATLASDataGuid.pdf)

Assessment Tool for Laboratory Services and Supply Chains (ATLAS) (file:///G:/DELIVER%20II/Communications/Publications/Core%20Publications/Lab%20Supply%20Chains%20CD/Publications/Alpha-all%20Documents/AsseToolLab_ATLAS.pdf)

This paper-based version of the ATLAS Database can be used as an on-site questionnaire when a computer is not available to complete data gathering directly into the database. It is also available in French (http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/AsseToolLab_ATLAS_FR.pdf).

Laboratory Logistics Glossary of Terms (<file:///G:/DELIVER%20II/Communications/Publications/Core%20Publications/Lab%20Supply%20Chains%20CD/Publications/Alpha-all%20Documents/LabLogGlossTerm.pdf>)

This list of definitions unique to the laboratory settings may be helpful to public health logisticians or others working on laboratory system strengthening who may not be familiar with laboratories. Laboratory Logistics Photo Glossary (<file:///G:/DELIVER%20II/Communications/Publications/Core%20Publications/Lab%20Supply%20Chains%20CD/Publications/Alpha-all%20Documents/LabLogPhotGloss.pdf>)

These descriptions and photographs of consumable and durable laboratory supplies and equipment help logisticians identify materials found in the laboratory.

Quantification of Health Commodities: Laboratory Commodities Companion Guide (file:///G:/DELIVER%20II/Communications/Publications/Core%20Publications/Lab%20Supply%20Chains%20CD/Publications/Alpha-all%20Documents/QuantHealComm_LabComp.pdf)

A companion guide to Quantification of Health Commodities: A Guide to Forecasting and Supply Planning for Procurement (http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/QuantHealthComm.pdf), this document elaborates on the commodity specific considerations for laboratory quantifications.

All of the tools are also available on the USAID | DELIVER PROJECT website at: www.deliver.jsi.com.

To request a copy of the CD, email to: askdeliver@jsi.com

iHRIS Retain

iHRIS Retain is an open source tool to cost health worker retention interventions. People living in rural and remote areas need more skilled health workers to care for their communities. However, attracting and retaining health workers to serve in these areas is a challenge. Developed by Capacity-Plus in collaboration with the World Health Organization (WHO), iHRIS Retain is based on the WHO's 2010 global policy recommendations on retention, which offer guidance on what kinds of interventions are known to make an impact on rural retention, and suggest using a combination of interventions specific to certain cadres of health workers. iHRIS Retain guides users through the costing process step by step, collecting necessary data, calculating the costs of interventions, and comparing costs to available funding. The resulting information can then be used to develop retention strategies at the district, regional, or national level.

To access the software: <http://retain.ihris.org/retain/>

Ensuring a Positive Practice Environment: Occupational Safety and Health for Health Worker Productivity

Providing high-quality health care should not be hazardous to the health worker. Health workers are adversely affected by numerous occupational safety and health (OSH) hazards they face on the job. Effective OSH measures contribute to national workforce health and productivity, but only 5%-10% of workers in developing countries have adequate OSH services. This technical brief outlines ways to make health workers' safety a higher-level policy issue and shows how to create working environments that prioritize occupational health.

For full article: <http://www.capacityplus.org/files/resources/ensuring-positive-practice-environment-occupational-safety-health-worker-productivity.pdf>

Integrating Family Planning and HIV/AIDS Services: Health Workforce Considerations

Governments and the global health community are increasingly paying attention to maximizing and measuring impact through service delivery integration efforts. In family planning/HIV service integration, for example, benefits include increased access to both types of services, improved quality of care, and enhanced program effectiveness. While it takes health workers to deliver these services,

most of the evaluations of service integration models have largely ignored health workers as an input to, or output of, integrated service delivery. This technical brief assesses the evidence on the role of health workers in the integration of family planning and HIV services and discusses key health worker considerations when integrating these services.

For full brief: <http://www.capacityplus.org/files/resources/integrating-family-planning-hiv-aids-services-health-workforce-considerations.pdf>

Elsevier Offers Entire Collection of Journals and Books to Innovators in Developing Countries Through the Access to Research for Development and Innovation (ARDI) Program

Elsevier, a world-leading provider of scientific, technical and medical information products and services, now offers its entire collection of books and journals on its online platform ScienceDirect, as well as access to its abstracts and citation database Scopus to innovators in 105 countries for free or little cost through the ARDI (Access to Research for Development and Innovation) program. Elsevier's contributions cover a vast array of scientific subject fields, with ARDI focusing on the use of mathematics, engineering, life sciences and physical sciences content by academic and research centers and government institutions, such as patent offices. Elsevier has provided access to select journals since it first participated in the program in 2009.

ARDI is coordinated by the World Intellectual Property Organization (WIPO) as part of the Research4Life program, a public-private partnership that includes United Nations agencies WIPO, the World Health Organization (WHO), the Food and Agriculture Organization of the United Nations (FAO), and the United Nations Environment Programme (UNEP), the International Association of Scientific, Technical & Medical Publishers (STM), leading academic libraries, and technology partner Microsoft.

In developing countries, local innovation is important to the success of national economies. Young scientists and their research institutions need to access the latest developments in technology found in scientific and technical literature before patenting and commercializing their inventions. However, without sufficient access to journals, their ability to learn from scientific information is limited; efforts are slow and arduous. Through ARDI, developing countries are given direct access to high-quality published content from several publishers allowing select academic and research institutions to develop and innovate more effectively, and patent offices to protect and reward innovation more efficiently.

For full article: <http://finance.yahoo.com/news/elsevier-offers-entire-collection-journals-124300455.html>

To access journals: <http://www.wipo.int/ardi/en/eligibility.html>

Keeping Up to Date: Continuing Professional Development for Health Workers in Developing Countries

In order for health workers to provide quality care and meet their communities' changing health care needs, they must become lifelong learners dedicated to updating their professional knowledge, skills, values, and practice. This technical brief summarizes the literature concerning current best practices and innovative ideas in continuing professional development (CPD). It is targeted toward people who run or advise CPD programs.

For full brief: <http://www.capacityplus.org/new-publication-spotlight-continuing-professional-development-health-workers>

TRAINING/WORKSHOP INFORMATION

Nursing Education in Africa – Changes and Challenges

7th – 8th November 2012

Capital Hotel in Lilongwe, Malawi

The purpose of the conference is to create a forum for researchers, educators and policymakers to share experiences and results of research and development, as well as to exchange and explore opportunities and possible synergies for strengthening nursing education in Africa.

Most of the knowledge on nursing education is developed outside Africa and does not necessarily fit the needs and conditions in African contexts. So far there is very little research on nursing education related to African contexts. The conference hopes to inspire and stimulate research in this field.

The conference will also provide an arena for sharing accomplishments of the seven years that the project “Improved Health Training in Malawian Nursing Colleges” has existed highlighting the competences and experiences that have been developed as result of the project.

The conference focuses on a range of different themes related to nurse /midwife education in Africa.

For further details: <http://www.kirkensnodhjelp.no/en/News/Latest-news/nursing-education-in-africa/>

Analyzing Disrupted Health Systems in Countries in Crisis

Course dates and location

November 19-29, 2012 in Karen, Nairobi, Kenya.

Application deadline

The application deadline is October 1st, 2012

This 10 day residential training programme for health professionals is focused on the analysis of health systems of countries affected by, or recovering from, protracted crises. It is organized jointly with the Centers for Disease Control (CDC), International Rescue Committee (IRC), Merlin, the World Health Organisation (WHO) and Agha Khan University (AKU).

The following subjects are covered during the course: · Complex emergencies: trends, challenges and impact · Humanitarian aid and its politics · Data and information challenges in crises · Challenges of complex emergencies to health systems · Health policies, strategies and plans · Key components of health systems in a crisis: health financing, the pharmaceutical sector, human resources, management systems etc. · The recovery process of the health sector

The course is intended for health professionals working in or on countries in crisis: health personnel in government institutions, NGOs, UN agencies and other humanitarian organizations. A small number of scholarships are available for Ministry of Health officials from post-conflict countries.

This short course can be taken on its own. However, the course is accredited through the tropEd network. Participants successfully completing the (optional) exam can gain 4 ECTS credits towards a Masters Degree.

For more information and/or application form:

Website: www.kit.nl/training

E-mail: courses@kit.nl

ARTICLES OF INTEREST

Maternal and newborn healthcare providers in rural Tanzania: in-depth interviews exploring influences on motivation, performance and job satisfaction

Major improvements in maternal and neonatal health (MNH) remain elusive in Tanzania. The causes are closely related to the health system and overall human resource policy. Just 35% of the required workforce is actually in place and 43% of available staff consists of lower-level cadres such as auxiliaries. Staff motivation is also a challenge. In rural areas the problems of recruiting and retaining health staff are most pronounced. Yet, it is here that the majority of the population continues to reside. A detailed understanding of the influences on the motivation, performance and job satisfaction of providers at rural, primary level facilities was sought to inform a research project in its early stages. The providers approached were those found to be delivering MNH care on the ground, and thus include auxiliary staff. Much of the previous work on motivation has focused on defined professional groups such as physicians and nurses. While attention has recently broadened to also include mid-level providers, the views of auxiliary health workers have seldom been explored.

In-depth interviews were the methodology of choice. An interview guideline was prepared with the involvement of Tanzanian psychologists, sociologists and health professionals to ensure the instrument was rooted in the socio-cultural setting of its application. Interviews were conducted with 25 MNH providers, 8 facility and district managers, and 2 policy-makers.

Key sources of encouragement for all the types of respondents included community appreciation, perceived government and development partner support for MNH, and on-the-job learning. Discouragements were overwhelmingly financial in nature, but also included facility understaffing and the resulting workload, malfunction of the promotion system as well as health and safety, and security issues. Low-level cadres were found to be particularly discouraged. Difficulties and weaknesses in the management of rural facilities were revealed. Basic steps that could improve performance appeared to be overlooked. Motivation was generally referred to as being fair or low. However, all types of providers derived quite a strong degree of satisfaction, of an intrinsic nature, from their work.

The influences on MNH provider motivation, performance and satisfaction were shown to be complex and to span different levels. Variations in the use of terms and concepts pertaining to motivation were found, and further clarification is needed. Intrinsic rewards play a role in continued provider willingness to exert an effort at work. In the critical area of MNH and the rural setting many providers, particularly auxiliary staff, felt poorly supported. The causes of discouragement were broadly divided into those requiring renewed policy attention and those which could be addressed by strengthening the skills of rural facility managers, enhancing the status of their role, and increasing the support they receive from higher levels of the health system. Given the increased reliance on staff with lower-levels of training in rural areas, the importance of the latter has never been greater.

For full article: <http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=2072>

ETHIOPIA: Surge of doctors to strengthen health system

Ethiopia is preparing for a flood of medical doctors within "three to four years", an influx meant to save a public health system that has been losing doctors and specialists to internal and external migration.

"We are now implementing strategies that intend to increase the current below-World Health Organi-

zation [WHO] standard number of medical doctors and retaining them in public hospitals," Tedros Adhanom, Ethiopia's minister of health, told IRIN.

"We have now reached an enrolment rate of more than 3,100," he said. The rate of enrolment in the country's medical schools has increased tenfold from 2005, when it was below 300.

"In the next two, three years, it could go to six and eight thousand," said the minister, adding that once these students start to graduate, the problem regarding shortage of physicians in the country "will [have] considerably stabilized".

While WHO recommends countries have a minimum of one doctor per 10,000 people, Ethiopia has fewer than a fifth of that ratio, compared to a regional average of 2.2 physicians per 10,000 people.

"We have not [supplied] enough doctors despite the high demand," Tedros told IRIN.

For full article: <http://www.irinnews.org/Report/96101/ETHIOPIA-Surge-of-doctors-to-strengthen-health-system>

Task-shifting: experiences and opinions of health workers in Mozambique and Zambia

Background

This paper describes the task-shifting taking place in health centres and district hospitals in Mozambique and Zambia. The objectives of this study were to identify the perceived causes and factors facilitating or impeding task-shifting, and to determine both the positive and negative consequences of task-shifting for the service users, for the services and for health workers.

Methods

Data collection involved individual and group interviews and focus group discussions with health workers from the civil service.

Results

In both the Republic of Mozambique and the Republic of Zambia, health workers have to practice beyond the traditional scope of their professional practice to cope with their daily tasks. They do so to ensure that their patients receive the level of care that they, the health workers, deem due to them, even in the absence of written instructions. The out of professional scope|| activities consume a significant amount of working time. On occasions, health workers are given on-the-job training to assume new roles, but job titles and rewards do not change, and career progression is unheard of. Ancillary staff and nurses are the two cadres assuming a greater diversity of functions as a result of improvised taskshifting.

Conclusions

Our observations show that the consequences of staff deficits and poor conditions of work include heavier workloads for those on duty, the closure of some services, the inability to release staff for continuing education, loss of quality, conflicts with patients, risks for patients, unsatisfied staff (with the exception of ancillary staff) and hazards for health workers and managers. Task-shifting is openly acknowledged and widespread, informal and carries risks for patients, staff and management.

For full article: <http://www.human-resources-health.com/content/10/1/34/abstract>

So many, yet few: Human resources for health in India

Background

In many developing countries, such as India, information on human resources in the health sector is incomplete and unreliable. This prevents effective workforce planning and management. This paper aims to address this deficit by producing a more complete picture of India's health workforce.

Methods

Both the Census of India and nationally representative household surveys collect data on self-reported occupations. A representative sample drawn from the 2001 census was used to estimate key workforce indicators. Nationally representative household survey data and official estimates were used to compare and supplement census results.

Results

India faces a substantial overall deficit of health workers; the density of doctors, nurses and midwives is a quarter of the 2.3/1000 population World Health Organization benchmark. Importantly, a substantial portion of the doctors (37%), particularly in rural areas (62%) appears to be unqualified. The workforce is composed of at least as many doctors as nurses making for an inefficient skill-mix. Women comprise only one-third of the workforce. Most workers are located in urban areas and in the private sector. States with poorer health and service use outcomes have a lower health worker density.

Conclusions

Among the important human resources challenges that India faces is increasing the presence of qualified health workers in underserved areas and a more efficient skill mix. An important first step is to ensure the availability of reliable and comprehensive workforce information through live workforce registers.

For full article: <http://www.human-resources-health.com/content/10/1/19/abstract>

"All the Talents": How new roles and better teamwork can release potential and improve health services

Led by Lord Nigel Crisp, (Member of House of Lords (UK) and champion of the Global Health Workforce Alliance), the All-Party Parliamentary Groups (APPG) on Global Health and Africa launched a new report "All the Talents". The report looks at how innovations in the skill mix of health workers can improve the quality and availability of health services and reduce costs.

The primary recommendation is that professionals, governments and institutions alike must give much higher priority to creating the right workforce and developing and supporting the talents of health workers and others so that they can achieve their potential and play their full part in health-care.

For full article: <http://www.appg-globalhealth.org.uk/>

The experience of community health workers training in Iran: a qualitative study

Background

The role of Community Health Workers (CHWs) in improving access to basic healthcare services, and mobilising community actions on health is broadly recognised. The Primary Health Care (PHC) approach, identified in the Alma Ata conference in 1978, stressed the role of CHWs in addressing community health needs. Training of CHWs is one of the key aspects

that generally seeks to develop new knowledge and skills related to specific tasks and to increase CHWs' capacity to communicate with and serve local people. This study aimed to analyse the CHW training process in Iran and how different components of training have impacted on CHW performance and satisfaction

Methods

Data were collected from both primary and secondary sources. Training policies were reviewed using available policy documents, training materials and other relevant documents at national and provincial levels. Documentary analysis was supplemented by individual interviews with ninety-one Iranian CHWs from 18 provinces representing a broad range of age, work experience and educational levels, both male and female.

Results

Recognition of the CHW program and their training in the national health planning and financing facilitates the implementation and sustainability of the program. The existence of specialised training centres managed by district health network provides an appropriate training environment that delivers comprehensive training and increases CHWs' knowledge, skills and motivation to serve local communities. Changes in training content over time reflect an increasing number of programs integrated into PHC, complicating the work expected of CHWs. In-service training courses need to address better local needs.

Conclusion

Although CHW programs vary by country and context, the CHW training program in Iran offers transferable lessons for countries intending to improve training as one of the key elements in their CHW program.

For full article: <http://www.biomedcentral.com/content/pdf/1472-6963-12-291.pdf>

2013 ACHA BIENNIAL CONFERENCE

Mark your calendar! The ACHAP 6th Biennial Conference will be held in Zambia, February 2013. Be on the lookout for information!

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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