

AfroPHC: Achieving Universal Health Coverage (UHC2030) in Africa: addressing human resources for PHC services

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AfroPHC Development (Join: www.AfroPHC.org)

- comprises frontline workers of Primary Health Care (PHC) and supporters of the PHC using integrated, continuous, accountable and people-centred team approach
- committed to :
 - i) Achieving universal health coverage (UHC2030) in Africa.
 - ii) Preventing risk of African UHC becoming directed towards hospital services only.
 - iii) bringing together the leadership of ALL health workers at the coalface in African primary health care and ensure that we ALL have a Voice in policy on PHC in Africa.
 - iv) AfroPHC to be the Voice of the PHC team and its supporters, sharing and supporting each other in advocating for UHC in Africa



[AfroPHC](http://www.AfroPHC.org)
African Forum for PHC

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AfroPHC Mandate (Join: www.AfropHC.org)

- 23rd September 2019 - UN UHC Declaration, adopted at the High-Level Meeting on Universal Health Coverage - Clause 37 under “Strengthen PHC for UHC”.
- **BUT no specific address of human resources for PHC services** (i.e. ‘need for everyone to have access to well-trained health workers in their first contact with health care’)
- **(comprising Doctors, clinical officers/associates, nurses / midwives), CHP, PH professionals, volunteer CHW, others)**



Health workers in the DRC put on gloves on before checking patients at the hospital. Credit: World Bank/Vincent Tremeau.



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Health crisis in Africa – risks not meeting objective of UHC

- **Critical factor to achieving UHC is the Human Resources for Health (HRH):**
- **‘No matter how beautiful the buildings, or how sophisticated the equipment, in a health facility, the most critical factor for quality health care delivery is the human resource for health (knowledge, skills, competence, attitude and behavior** (BMJ/NMF UK team visit to Lagos, Nigeria, Sept 1995)
- **HRH suffering neglect, overwork and poor motivation – physical, psychological and mental health strain, socio-economic dissociations: poor performance, poor quality.** (*How to rebuild alobal health*: Joseph Ana’s book describes how he turned around the failing health system in a southern Nigerian state. Richard Smith *BMJ* 2010; 341:c5520 doi: 10.1136/bmj.c5520)

Staff Quotes:

- **“You are left to carry out what you are supposed to do. The supervisor only comes when things have gone wrong.”** (Kenya, nurse, 31 years) Source: Mathauer and Imhoff, 2004.
- **“...We will just work...and no one will see that these people are meeting their objectives because we are not being evaluated. Since I came here, no one came to me and ask me how good are these objectives, which one did you meet?...”** (South African nurse) Source: Ijumba P. ‘Voice’s of primary healthcare workers. In: South African Health Review: 2002. Durban: Health Systems Trust.



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Health crisis in Africa – challenges meeting UHC

- ‘No disease has laid bare the state of the continent’s health sectors like this one: coronavirus
- Africa has severe shortage of medical/health trained personnel.
- Acute shortage of critical and lifesaving equipment
 - Only 2,000 ventilators across 41 African countries
 - Only 5,000 intensive care beds across 43.
 - Ten countries, had no ventilators at all.

WHO) Mid-April, 2020



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Crisis in Human Resources for Health in Africa-1

- Severe numerical shortage compared with other parts of the world (WHO Report: 58 HRH crisis countries too low to effectively deliver essential health services (1.95 per 1,000).
- Human Resources for Health issues lead to poor population health alongside security/economic/disease surges.
- Surge in migration (Brain Drain) - their knowledge and skills are not in question
- The Paradox – improvements in health and life expectancy increases non-communicable diseases (NCDs), increasing health system challenges.



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WHY Crisis in Human Resources for Health in Africa-2

- Recruitment embargoes (despite attrition, retirements / deaths)
- Overwork and burnout!
- Population increase
- Structural adjustment and free market emergence in health care (unable to comply with Abuja Declaration)
- Inefficient use of available workforce : bad leadership
- Staff dissatisfaction: Lack of Facility Readiness (equipment, medicines, utilities / WASH, security)



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Concerns hindering Quality : linked to the UHC challenge

- Staff unappreciated /not valued
- Curriculums ignore the reality of African context (The Whiteman of Africa by Williams & Ndumbe, 2004).
- Off-site in-service training programmes, only few staff can attend
- Poor harnessing of multidisciplinary team (inadequate Taskshifting: turf protection)
- Huge 'planning/implementation gap' (Ghana, DHMT) (Sanders et al., 2003).
- Weak / lack of supportive supervision, mentoring, monitoring and evaluation :



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Strategies for Managing Human Resources for Health Crisis-1

- POLITICAL WILL : Prioritise Health, meet Abuja Declaration!
- Facility Readiness with 12-Pillar Clinical Governance (a Whole health system strengthening approach for LMICs)
- Improve competence with PACK (Practical Approach to Care Kit) (specific for Primary Health Care strengthening in LMICs)
- Value and train staff ((knowledge. Skills. Competence. Supportive Supervision Mentoring Monitoring &Evaluation)
- Lift embargo: increase (employ) number and capability of staff
- Recruitment and Retention: Part time from abroad· Upgrade other cadre types to do some duties of nurses or doctors



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Strategies for Managing Human Resources for Health Crisis

- Improve retention of staff: incentives, pay and conditions, career progression including postgraduate training, etc.
- Improve utilization of available skills/mixed with other staff: Cadre substitution, skill enrichment and expanding scopes of practice; auxiliaries, part-time and "bank nursing schemes. **Onsite Training!!**
- Encourage return of diaspora indigenous professionals: Remittances,· Partial / intermittent return to provide service; etc.
- Inter-country agreements/ negotiations : Registration of recruitment agents, Approved/Agreed recruitment numbers and processes.

Source: Dovlo and Martineau, 2004



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PACK Programme Fortnightly training conducted ON-SITE in PHC
(Practical Approach to Care Kit)



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CONCLUSION

- **'No matter how beautiful the buildings, or how sophisticated the equipment, in a health facility, the most critical factor for quality health care delivery is the Human Resource for Health (knowledge, skills, competence, attitude and behavior'.**
(BMJ/NMF UK team visit to Lagos, Nigeria, Sept 1995)
- **African countries, sort out the Human Resources for PHC challenges, beginning with investing in health (implementing Abuja Declaration 2001), and take Quality out of the computer screens and bookshelves to the Point of Care !!**



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THANK YOU



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