

# Communiqué of the Consultation on Improving Access to Health Workers at the Frontline for Better Maternal and Child Survival

## Background

The *Consultation on Improving Access to Health Workers at the Frontline for Better Maternal and Child Survival* was held at the InterContinental Hotel in Nairobi, Kenya from 25 to 27 June 2012. The meeting was organised by the Norwegian Agency for Development Cooperation (NORAD) together with the Regional Network for Equity in Health in East and Southern Africa (EQUINET), IntraHealth International, UK Department for International Development (DFID), Save the Children, Global Health Workforce Alliance (GHWA), East, Central and Southern African Health Community (ECSA HC), UNAIDS, Partnership on Maternal, Neonatal and Child Health (PMNCH), UNH4+, African Platform on Human Resources for Health (APHRH), African Centre for Global Health and Social Transformation (ACHEST), African Medical and Research Foundation (AMREF) and a number of other stakeholders who supported the initiative in various ways. EQUINET, through the University of Limpopo, was the secretariat for the Consultation, while financial support was received from Norad, DFID/GHWA and Intrahealth International.

The objective of the consultation was *'to speed up and scale up country responses to the human resource needs of both the UN Global Strategy for Women's and Children's Health (Every Woman Every Child), and the Global Plan towards the Elimination of New HIV Infections Among Children by 2015 and Keeping their Mothers Alive (Global Plan) as a key aspect of both plans'*. The intended outcomes of this consultation were broadly stated as:

- a. Identification of concrete opportunities for progress as well as obstacles to such progress
- b. Documentation of experiences on successes and failures

## Process

There were 97 participants from 33 organisations and 17 countries, including ministries of health in 10 priority countries<sup>1</sup> for both EWEK and Global Plan, UN agencies, faith-based organisations, academic institutions, health professional organisations, global and international organisations, and civic

<sup>1</sup> The countries represented at the Consultation were: DRC, Ethiopia, Ghana, Kenya, Malawi, Nigeria, Tanzania, Uganda, Zambia and Zimbabwe

society organisations. The Consultation sought to strengthen collaboration between state and non-state providers, community networks and local organisations based on the realities on the ground in priority countries. The opening ceremony was graced by the Kenyan Minister for Medical Services, Hon Prof Peter Anyang' Nyong'o and featured a woman living with HIV in the opening panel.

Through a combination of interactive sessions, the Consultation reviewed progress at country level, what technical support exists, and good practices within the countries. The participants agreed that the definition of *"health worker at the frontline"* had to be contextual, but that it should necessarily apply to those at the first level of contact with the health system in relation to maternal and child health. The Consultation took cognisance of proven cost-effective, high impact interventions, which in the ethos of Primary Health Care, as re-affirmed in the Ouagadougou Declaration, provide viable options for improvements in maternal and child survival, and identified opportunities, experiences and challenges to guide further action.

## Opportunities identified included:

- Improvement in the training, employment and deployment of health professionals through innovative approaches, such as use of ICT and the ECSA colleges without walls for training, and rapid hiring programmes;
- Existing plans and frameworks on health systems development within the countries;
- Continental platforms, such as the African Union Commission (AUC) and the APHRH, and regional institutions such as ECSA HC, West African Health Organisation (WAHO), Southern African Development Cooperation (SADC) and Coordination Organisation for the Fight Against Endemic Diseases in Central Africa (OCEAC), which provide space to share best practices and forge solutions for the effective use of available resources; and
- Increasing evidence of impact of various cadres being deployed in health systems.

## Edifying experiences shared included:

- Implementation of the World Bank Rapid Results Initiative/Appraisal (RRI/A) to identify what needs to be done and to step up performance;

- Paired-up consultant approach, through which countries which are doing well visit those that are not doing so well to strengthen the latter's capabilities;
- Mobilisation of support from lawmakers, civic society organisations and academia;
- Role of community health workers in empowering communities with knowledge and increasing the demand for health services, including maternal, neonatal and child services; and
- Varied performance of leadership of health systems across countries, coupled with annual human resources for health audits, and national HRH conferences.

The Consultation also noted a number of challenges, including the lack of role definition for community health workers, inconsistent compensation schemes and the low density of skilled health workers which often translates into poor supervision for the less skilled health workers, the low morale of health workers, and the lack of incentives for health workers in many of the countries.

### Recommendations

The Consultation underscored the need for ministries of health, continental mechanisms such as the AUC, regional organisations such as ECSA HC, SADC, WAHO and OCEAC, development partners, FBOs, funding agencies, academic and research institutions, and civic society organisations to give priority to efforts towards increasing access to health workers at the frontline for better maternal and child survival. The consultation recommended, among others, that:

- Deliberate efforts be made by countries to ensure optimum service integration at the frontline, guided by identified competence needs and appropriate skill mix in context.;
- Development partners be encouraged to work with countries to roll out promising practices and high impact interventions towards achieving MDG 4 & 5;
- Mutual accountability and support

mechanisms for access to health workers at front line services be addressed, with accountability to communities, community management structures and local government, in addition to accountability by health authorities to national government and accountability to regional and global policy commitments;

- Indicators for health worker access in the context of EWEC and the Global Plan need to recognise continuity in access to all health professionals and to auxiliaries and lay workers across the continuum of care of maternal, neonatal and child health services;
- Civic society, academia, FBOs and other non-state actor need to work with countries to strengthen the evidence base on the impact of initiatives and interventions at the front line;
- Countries should strive to improve supply of health workers, which should be complemented by community awareness of and demand for the services available at the frontline;
- All stakeholders need to focus on workers at the front-line of services and their functions, recognise their value in the system in ensuring equitable access and the need for health workers at other levels of the service delivery system to enable and support their front-line role;
- Promote shared learning based on what works within the region, through strategies such as well-performing countries visiting poorly-performing countries and participation in regional forums such as the ECSA Best Practices Forums; and
- Priority countries, global and regional organisations, and within countries stakeholders should together develop mechanisms for the translation and adaption/adoption of global and continental initiatives to specific country contexts and needs. This should always include clear monitoring and evaluation processes.

*At the conclusion of the Consultation, the participants made a call to all stakeholders, at all levels, to use these recommendations as a basis for further action in improving access to health workers at the frontline for better maternal and child survival, and build on them as appropriate, tailored to specific policy and implementation contexts. Country delegates and stakeholders should optimize existing in-country structures to inform policy makers and sensitise other stakeholders on the outcomes of the Consultation, including the need for the necessary dialogue and country collaboration frameworks on HRH in each country. In tandem, other delegates were charged with the task to include feedback from the Consultation into regional and global processes and arenas, such as the accountability mechanisms for EWEC/CARMMA, the AU, the African HRH Roadmap to be discussed at the WHO AFRO Regional Meeting, the HHA meeting to be held in Tunis in the first week of July 2012 and the International AIDS Conference in Washington DC later the same month.*