

Oslo Consultation (February 24-25, 2005): An NGO perspective
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NGOs in both the South and the North have integral roles to play in forcefully addressing the severe human resources for health (HRH) crisis in Africa. To enable NGOs to fulfill these roles to their full capacity, they must have the opportunity to fully participate in HRH planning, implementation, monitoring, and evaluation at both the local and international levels, including in the process that was initiated in at the High Level Forum in Abuja and continues now in Oslo.

As referred to in this document, the term NGOs encompasses a wide range of non-governmental actors, such as national and international NGOs, community-based organizations (CBOs), unions, and civil society networks. Even NGOs outside the health sector could become important partners. For example, because of the human rights issues involved, such as the right to the highest attainable standard of health and the right to safe working conditions, human rights groups could become involved. And for a variety of reasons, including that the shortage of health workers can place an extra burden of care on women, women's organizations might also be part of the country alliance on HRH.

Roles of Southern NGOs

Through their advocacy, NGOs can help create the political will in countries to prioritize HRH and to develop and implement a strategy to overcome the severe health care worker shortages that prevail in most of Africa. Put another way, pressure from NGOs, both by helping government officials recognize and understand the problem and ways forward, as well as by demonstrating that HRH has a strong constituency behind it (a constituency that NGOs can help build), can help turn governments who might not be prioritizing HRH from reluctant to committed partners in the HRH Common Global Platform. Only if governments are willing, and better still, enthusiastic, partners in the global efforts now being initiated on HRH can those efforts succeed.

NGOs have a strong sense of the communities in which they work. Knowing community priorities, an NGO sector engaged in the HRH issue can help ensure that the government's response – and the international community's response – comes in addition to other community priorities, including such perennial yet still often unmet priorities as food and clean water, and does not displace these priorities.

Many NGOs are focused on the needs of the poor and marginalized members of their communities, and indeed, entire communities that are on the very margins of the health system. These NGOs have a special role to play in the HRH response: ensuring that strategies are designed and implemented in ways that meet the needs of everyone in society, including and particularly those who are often most neglected, in the present case, those who currently have the least access to health services. NGOs can help magnify their voices to ensure that policymakers recognize and understand their needs, and design their country's HRH response to meet them.

Along with helping promote the rights of the underserved, NGOs can help HRH planners, including those who are truly determined to prioritize the needs of those who have the least, design strategies that will have the highest chance of success. These are strategies

that will build on the current capacities and help remove existing limitations within communities.

NGOs can play this role because they know what life is like in the communities in which they are engaged. They know, for example, that grandmothers have become the primary caregivers to large numbers of orphans, yet are very rarely compensated for their efforts, despite often being desperately poor. They know the importance of people with HIV/AIDS serving as AIDS treatment literacy volunteers and adherence counselors. NGOs can help policymakers take these community resources into account and build upon them, creating strategies that will have the best chance of success. Similarly, NGOs can identify special challenges that must be overcome within a community. For instance, high levels of violence along the roads in a particular area might make very close-by health services essential to the ability of community members to access health services, because the dangers of walking any significant distance to a clinic could deter people from seeking needed care. Thus, NGOs can help HRH planning, and the ensuing implementation of the plans, to be equitable and consistent with realities of communities.

Also because of their connections to communities and the truth on the ground, NGOs have a central role in monitoring the implementation and effectiveness of an HRH strategy. NGOs can determine whether the resources and policies called for by the plan are being provided and enforced, and hold government accountable where the government is not meeting its commitment. This monitoring function can also enable NGOs to identify bottlenecks in implementation and flaws in plans that may have worked on paper, but are not working in reality. By identifying these issues and bringing them to the attention of government and others who can correct the problems, NGOs can facilitate rapid corrective action.

NGOs can play this role not only with respect to their own governments, but also with respect to donors. NGOs can identify where a donor government, particularly one that works largely through its own projects and so whose resources are mostly beyond the control of the national government, is not adhering to national policies on HRH. Where this is occurring, NGOs can notify the donor government and project implementers directly, or they can try to influence donor government action by notifying their own government or international NGOs that may be better able to affect donor government actions.

Empowered health care workers

Few people have greater potential to carry out roles of the NGOs described above than health care workers themselves. Knowing at the most personal level the dreadful human cost of the dearth of health care workers, health care workers have the potential to be powerful advocates before both the government and other stakeholders as to the urgency of the HRH crisis. And since health care workers know best their own needs, what will make them remain in the (public) health sector, what incentives or other support they need to work in outlying areas, their input is invaluable in designing an HRH response. Health care workers, especially at the community and middle levels, know their patients needs, and know what they require to meet these needs. They know truth on the ground, how well national policy is actually working, whether their colleagues are more likely to remain in the country or serve in rural areas, whether the plan is being fully and effectively

implemented. And because their own lives are so tightly intertwined with the plan, they know its strengths and weaknesses.

The ability for health care workers to perform these functions speaks to the importance of the full involvement of health professional associations in the response to the HRH crisis, including at the early planning processes that are now taking place. Not all health workers are professionals with professional associations, so avenues must be found for involvement of health workers at all levels, from physician specialists to community health workers and home caregivers. All perspectives should be represented.

Beyond the professional associations and unions to which some health care workers belong, health care workers may have the potential to play a vital role in solving the HRH crisis, but they often lack the capacity to effectively insert themselves into the policy arena. Therefore, health workers should have the opportunity to gain advocacy skills, to be able to add their voices to policy discussions and share their opinions with policymakers, to bring information from their communities and their clinics to their representatives in government. The response to the HRH crisis will undoubtedly benefit if health workers gain these capacities.

Northern NGOs and advocacy

By and large, countries with the greatest shortages of health care workers have the least capacity to pay for strengthening their health workforces, and in the health systems whose improvements must go hand-in-hand with increasing the numbers of health workers. The role of Northern NGOs in working with their own governments to increase funding available for health system strengthening, including supporting HRH, is a vital one. NGOs can provide policymakers information that they might not otherwise have access to, and can help policymakers understand the importance of making greatly increases resources available to enhancing health systems. The following tools and approaches will likely assist Northern NGOs in this effort:

- Internationally recognized targets for increasing the number of health care workers needed in Africa along with a rationale,¹ as well as an estimated cost of achieving this target. By the country-specific nature of HRH and the fact that the needs and associated costs will vary significantly by country, these targets can be only estimates until every country has a precise plan of action. And even when the planning is done, only better estimates will be possible, as plans will likely be revised as countries learn lessons from their own experiences and those of other countries. Such international targets, however, have demonstrated a helpful role in getting increased funding in other areas, most particularly fighting HIV/AIDS, and will assist NGOs in campaigning for the necessary levels of development assistance. It is important that these targets, particularly the number of health care workers, are recognized as guides, not established fact, so that assumptions upon which the targets are based – such as the appropriate skills mix – are not automatically assumed to apply to any particular country's situation.

¹ The Joint Learning Initiative figure of 1 million health care workers – or more specifically 1 million doctors, nurses, and midwives – needed for Africa is prominent, and happens to be a good campaign number. However, the WHO data in the Education for Health in Africa Initiative background document suggests the need for 1.6 million more health care workers. This is seemingly the more attractive figure because it covers a more comprehensive set of health care workers.

- A monitoring and evaluation mechanisms is established as rapidly as possible, so that donor governments can be confident that they can track the success of the funds they invest in HRH abroad. This may be especially important for countries such as the United States, which have not traditionally provided budget support and may be skeptical of providing large sums of money to the public sector.
- The Common Global Platform recognizes the importance of transparency and accountability in the health sector, and countries take steps to ensure that these platform elements are implemented, such as by making publicly available and easily accessible an account of government health sector spending. This will give donor governments confidence that their taxpayers' money will be well spent. It will also assist Southern NGOs in monitoring the implementation of national strategy on health, including HRH.

Northern NGOs are most likely to be supportive of the Common Global Platform if the platform is ambitious, based on what seems feasible if African nations, donors, and multilateral organizations treat the HRH crisis with the urgency it requires, committing the energy, creativity, and resources required to overcome the crisis. The 3 by 5 campaign is a good example of a WHO effort to set a bold target, then work hard to achieve the target. NGOs in the North are also likely to be supportive if they see the international organizations at the forefront of this effort, such as WHO, quickly beginning to act in innovative and forceful ways to address the crisis. For example, WHO could use its staff already in the field to ensure that in the upcoming Round 5 of applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria, countries are aware of the possibilities of applying for grants to support the human resources in the struggle against these diseases and of reprogramming existing grants as appropriate, and to assist interested countries in including HRH interventions in their proposals.