Country coordination and Facilitation (CCF): accelerating joint HRH actions in countries

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**HRH challenges linked with inequitable access to health services**

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<tr>
<th>Shortage of health workers</th>
<th>Limited production capacities</th>
<th>Uneven geographical distribution</th>
<th>Weak management systems</th>
<th>Deficient regulatory mechanisms</th>
<th>Poor working conditions</th>
<th>Inadequate incentives</th>
<th>High attrition</th>
<th>Poor morale</th>
<th>Low performance</th>
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*Limited or no access to essential health services*
COUNTRY COORDINATION AND FACILITATION (CCF)

How it works

HRH Committee
Coordination and stewardship

Ministry of Health
Ministry of Education
Ministry of Finance
Ministry of Local Govt.
Academia
Regulating bodies
Professional associations
NGOs and Civil Society
Private sector

Stakeholders analysis
Country priorities and labour market contexts

Other coordination mechanisms

HRH PLAN
Comprehensive Costed Evidence based

KEY STRATEGIES:
Scaling up education
Task shifting
Skills mix
New cadres
Retention measures
Working conditions

Improved Health Workforce Outcomes

IMPROVED HEALTH OUTCOMES

BETTER HEALTH SERVICES
A series of CCF actions

13/22 countries in Africa

Global

Regional

Accra
Ouagadougou
Hanoi

San Salvador
Islamabad

HRH coordination mechanism

Strengthened

Partners meeting

2nd Global Forum on HRH (CCF side session)

Catalytic support to countries to implement the CCF

2009
2010
2011
2012
CCF side session on Multisectorality of HRH

Participants included high level authorizes, partners, donors, countries' delegates and the Alliance members.

10 countries shared CCF experiences through presentations and/or posters.
According to the CCF criteria

Progress on the CCF process implementation

Major steps on HRH in the CCF process

[Step 1] HRH coordination mechanism
[Step 2] HRH Situation analysis
[Step 3] Develop HRH plan
[Step 4] Resource mobilization
[Step 5] Implement HRH plan
[Step 6] M&E of HRH plan
Multistakeholder coordination on HRH development

Inclusiveness of HRH coordination committees

HRH committee extended through CCF:
- Sudan: increased members from 6 to 21.
- Guinea: included private sector and Army.
- Others: Nigeria, Zambia, Zimbabwe, South Sudan, Cameroon (new committee)

Linking with other coordination mechanisms

CCF Integration with HRH observatory (Sudan)
- Links with health committees (Mali, Cameroon, Zambia and Zimbabwe, Sudan etc.)

Multistakeholder dialogue on HRH

HRH committee members (Stakeholders) are engaged in making situation analysis and developing evidenced based HRH plan (Zambia, Zimbabwe, Sudan, South Sudan, Nigeria, Cameroon, Mali, Indonesia, Nepal, and Afghanistan)
## CCF partnerships

<table>
<thead>
<tr>
<th>Country</th>
<th>GHWA and WHO partnerships</th>
<th>Description</th>
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<tbody>
<tr>
<td>Cameroon</td>
<td>GHWA and WHO partnership with French Cooperation (AFD)</td>
<td>Carried out HRH census, workload study, labour market study and HRH planning with engagement of the related stakeholders</td>
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<tr>
<td>Nigeria</td>
<td>GHWA partnership with PATHS-2</td>
<td>Carried out HRH situation analysis and development of the HRH plan in Lagos state with the engagement of the key stakeholders</td>
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<tr>
<td>Guinea, Togo, Mali, DRC</td>
<td>Muskoka Initiative: partnership of GHWA, WHO, UNFPA, UNICEF and UN Women</td>
<td>Jointly support countries to improve MNCHW through the CCF process to achieve the MDGs 4 and 5</td>
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<tr>
<td>South Sudan</td>
<td>JICA, EC, and others</td>
<td>JICA is hosting the HRH committee as its secretariat Built partnerships with international NGOs and partners</td>
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GHWA support initiated scaling up of health workers in Sudan

Established Academy of Health Sciences (AHS) with branches in 15 states

Increased training schools to 145 (100 public and 45 private)

Health workforce enrolment enhanced to 18,000 candidates in 14 disciplines.

Established 15 Continuous Professional Development (CPD) centres in 15 states, and 25 at hospitals since 2009

Held 674 training courses in different disciplines and trained 32,902 health staff during last four years.

CHWs pilot project in 2 states, supported by GHWA, WHO and Global Fund
Other examples of scaling up of HRH production

**Zambia:**
Initiated CHWs programme with GHWA support –
Project scaled up and extended to 7 provinces and 48 districts.

**Djibouti:**
Developed faculty of first medical college with GHWA support
Project sustained and on-going
HRH deployment and retention

**Zambia**

The workforce retention scheme covers 18,860 skilled professionals (52% of the health workforce) - Global Fund a key partner.

**Indonesia**

Increased in recruitment of health workers 1,322 for rural areas in 2011 (advocated by HRH committee)
## Catalysed implementation of the Global Code of practice on international recruitment of health personnel

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<th>Actions</th>
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<tr>
<td>Indonesia</td>
<td>Initiated implementation with GHWA support</td>
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<tr>
<td></td>
<td>- Appointed focal point (the Centre for Planning and management of HRH)</td>
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<tr>
<td></td>
<td>- The guidelines on Nursing migration - under process.</td>
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<tr>
<td>Pakistan</td>
<td>With catalytic support from GHWA has taken initial steps:</td>
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<td></td>
<td>- Identified focal point (the Human Resources Ministry).</td>
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<td></td>
<td>- Developed first report on implementation of the Global Code with engagement of related stakeholders</td>
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<tr>
<td>Sudan</td>
<td>Initiated work on the Global code of practice</td>
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External evaluation highlighted the added value of GHWA support and the CCF process

The Alliance work was highly relevant at all levels; the results by its country work are however linked to the quality and commitment of national leadership, and dependent on the availability of catalytic funding to kick-start the early stages of the integrated HRH response.

The CCF support is effective in promoting coordinated and integrated HRH responses at national level. However, GHWA needs to strengthen its partnership strategy and approach at global level.

Lessons from three country studies of GHWA support to Cameroon, Indonesia and Zambia:

• High level of political will and commitment to tackle their crisis
• Importance of establishing a multistakeholder coordination committee
• Essential need to focus first on developing a costed national HRH strategy and plan in a consultative manner
• Critical influence of catalytic funding to both starting and maintaining process
• Importance of a dedicated and committed national leadership
External evaluation - Remarks on the Alliance support to three counties

**Cameroon:**
- Marked improvement in the involvement of the stakeholders in addressing HRH issues
- Process was seen as an extremely important step forward
- Underlined the quality of the technical support provided by the Alliance
- Found the Alliance to be responsive, supportive and technically sound.

**Indonesia:**
- A presidential decree was issued to establish the CCF committee with wide range of stakeholders
- President office requests regular updates on the CCF committee progress
- GHWA support of USD 15,000 which later on led to additional funds becoming available from MOE and the GHWA then became more widely known.
- National funds have been made available by the ministries of Finance, Education and Health for the CCF committee and three working groups

**Zambia:**
- Developed CHWs strategy led to greater engagement by partners in supporting the HRH and HSS. Previously these were a non-issue.
- Funding for the Strategic Plan is from pooled sectoral funds contributed by the government and collaborating partners.
The value of the CCF

CCF as a recognized platform for HRH coordination

Consolidation of unified coordination platforms meaningfully enabled the different partners to dialogue and generate the necessary evidence for their collective HRH actions

Inclusive evidence based and costed HRH strategic plan

Joint HRH planning is the most important accomplishment of the CCF process that created shared accountability for resource mobilization and implementation of the plan

Collective action for Country specific HRH priorities

Created an enabling environment for collective action and generated a vibrant partnership led by the national governments, making important moves to address the shortage of health workers and ensure equitable distribution

The CCF assessment in Sudan, Zambia and Zimbabwe indicated:
GHWA support to APHRH

GHWA supported the APHRH

- its establishment and hosting arrangements
- developing its constitution and case studies
- implementing the operational plan and the initial maintenance cost
- streamlining its organization and functions

APHRH as one of the key partners of the Alliance can support and facilitate implementation of the CCF process in Africa.
Way forward

Continue catalytic support to the crisis countries to development/implementation of evidence-based, and costed HRH plan through the CCF process.

Continue promoting the engagement of the partners in financing the countries' HRH plans.

Generate evidence-base on the effectiveness of the HRH actions in the countries and monitoring the KD&AGA.

Link with development of new GHWA strategy – expectation that Alliance members and partners will engage directly more and more
Health Workers for All and All for Health Workers

URL: http://www.who.int/workforcealliance/en/