

## Hurry slowly on health workforce

There are inherent dangers in moving too quickly on health workforce reforms. Francis Omaswa urges a more thoughtful, more consensual approach



There is a growing buzz, din, and action over health workers for Africa and the world. As we ended the year 2012, you may recall our discussions over the multiple meetings on Community Health Workers (CHW) and thankfully those groups have been brought together under the theme 'health workers on the front line'. There are other new independent initiatives on One Million Community Health Workers for Africa and another global campaign on training 1500 midwives in 13 African countries.

We already have the USA government-funded Medical Education Partnership Initiative (MEPI) and Nurses Education Partnership Education Initiative (NEPI). At the October 2012 annual Health Ministers WHO Regional Committee for Africa in Angola, an African Health Workforce development Roadmap was adopted. Next week (as I write) on the fringes of the African Union Heads of State Summit in Addis Ababa, there will be a meeting on 'Africa Post 2015 Health Dialogue: Health at the core of Post 2015' where health workforce will be on the agenda. While all this is all very exciting, it holds both promise and risk! What do I mean?

The promise is the very welcome growing interest in a previously neglected priority, the risk is that the initiatives could end up lacking synergy and result in the training of cadres, especially CHWs, who are unsupported and unsupervised. Let us look back at the enthusiasm with which Traditional Birth Attendants (TBAs) were promoted not long ago. They proliferated and worked to their best, but lacked the support that they needed and have now ended up being decried as

hazards. In my time in the Ministry of Health in Uganda we trained a CHW cadre known as a Nursing Assistant; 3400 of them in 1 year with a curriculum and job descriptions. They were later left to work lacking adequate support and have now also been labelled as hazardous and their training is likely to be stopped. How do we address this risk?

The answers are known. It is diligently and patiently keeping focus in supporting the health system; the integrated delivery system. Such a system originates from national development plans, national health system plans, and national health workforce (HWF) plans. These plans can be in different degrees of detail but it is important to appreciate and not to forget or ignore the fact that health is delivered by synergistic teams of supported health workers at all levels. The tools for health workforce planning are available and most important in my view is the framework known as Country Coordination and Facilitation (CCF), developed by the Global Health Workforce Alliance. The CCF advocates and provides guidelines for building of country coalitions of stakeholders such as relevant government ministries, civil society, professional associations, educators, development partners and others to plan, coordinate and manage national health workforce development. Regrettably, in the buzz and din I do not see much enthusiasm to support countries develop CCFs. I appeal to those who have money for health, to start by ensuring that country HWF planning and management support structures and systems are in place before doing anything else. It may appear slow but we will achieve our goal quicker and do so with in-built sustainability. One of my teachers taught us 'to hurry slowly' making few mistakes and scoring the highest marks. What do others think? What are the challenges that we face in developing CCFs in the countries?

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