

Managing human resources for strengthening health systems in developing countries – The role of continuous professional education, information communication technology and public health informatics



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Workshop Objectives



- To discuss common challenges in building the capacity of human resources to meet up with the demands in health care delivery in developing countries.
- To share best practices in application of research results towards advocacy programmes, training of health workers and community health action for reduction of the burden of diseases
- To present innovative strategies in capacity building for health programmes with emphasis on continuous professional education and information communication technology
- To describe the unique opportunity public health informatics provides for the control epidemics in developing countries

Methodology



The workshop will comprise a 30 minute interactive session whereby participants will be engaged in a discussion on certain challenges in managing human resources for health in developing countries with emphasis on the following:

1. Reasons behind limitation of resources
2. Motivation of human resources and brain drain
3. Role of professional health associations
4. Data Management: data collection, collation, analysis, interpretation, feedback and utilisation for programming
5. Mainstreaming training to produce maximum impact: on the job training versus hotel-based training
6. Enhancing transparency and accountability in health

INTERACTIVE SESSION



- Why are resources limited in developing countries?
- How do we motivate our human resources?
- What is the major factor responsible for brain drain?
- What can professional health associations e.g. MWAN do about manpower in developing countries?
- How can we solve to problem of inaccurate and unreliable data?
- Which would you prefer?
- On the job training versus hotel-based training
- How can we enhance transparency and accountability in health in developing countries

**MANAGING HUMAN
RESOURCES FOR
STRENGTHENING HEALTH
SYSTEMS –
INTRODUCTION**

WHAT IS HUMAN RESOURCE MANAGEMENT ?



- Human resource management is the process of identifying, recruiting, and managing personnel to meet the organisation's needs on the basis of fair and competitive policies

MAINTENANCE OF HUMAN RESOURCES



- This is creating and maintaining a work environment which will stimulate maximum motivation and sustained commitment through effective leadership
- **LEADERSHIP** is the ability to influence people to work with a sustained zeal towards the achievement of group goals

SUPERVISORY TOOLS IN MANAGING HUMAN RESOURCES



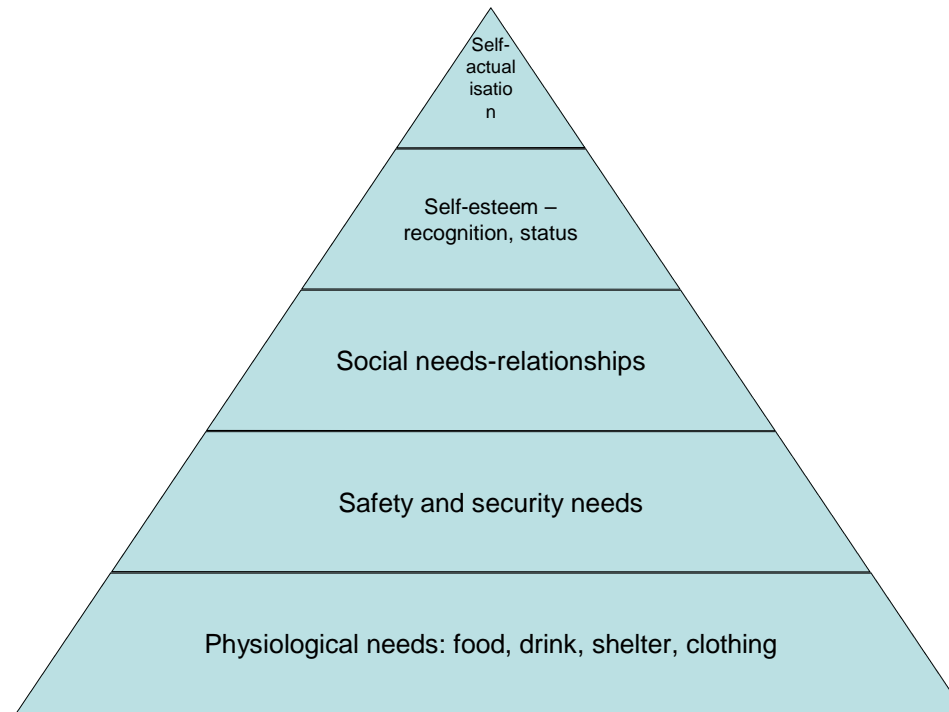
- Time tables and work plans
- Minutes of meetings
- Reports of progress and activities
- Supervisory visits using observation checklists
- Records of usage; inventory
- Operational internal audit

STAFF MOTIVATION



- The ability to inspire and motivate is a cardinal quality of a good leader
- Some potent motivators
 - Achievement
 - Recognition
 - Importance of the work
 - Responsibility
 - Advancement
 - Staff development and improvement

Maslow's Hierarchy of human needs



Money as a motivator



- In the 1940s when plans were being made for the establishment of the National Health Service in the UK, many doctors opposed it possibly because of the fears on how it would affect their earning power. As an incentive to getting their support, Consultants were provided with very attractive contracts leading Aneurin Bevan (Minster for Health) to state “I stuffed their mouths with gold”.

Successful strategies for managing human resources for health programming – the role of Continuous Professional Education



- Continuous Professional Education (CPE) is an integral part of the practice of health professional from graduation onwards. Various professional bodies such as the Medical and Dental Council of Nigeria, Pharmaceutical Council of Nigeria, Nursing and Midwifery Council of Nigeria etc. have deemed it fit to come out with a programme to ensure that health professionals working within the country avail themselves of opportunities to update their knowledge. These programmes which provide credit points that would constitute a requirement for renewing practicing license could take the form of seminars, workshops, courses, scientific conferences, update lectures and distance learning programmes. The health sector is very dynamic and it takes a great deal of effort to keep abreast of rapid developments and expansion in medical knowledge, skill and equipment.
- Continuous Professional Education programmes not only motivate the health worker but also provide an opportunity for constant interaction between senior and junior health workers, improve practice and health service delivery.

CPE contd.



- It is documented in current literature that a structured programme of Continuous Professional Education is crucial to reducing such gaps and strengthening health systems particularly in developing countries.

Experience as CPE Coordinator



- During my tenure as Delta State CPE coordinator, the CPE unit was constituted comprising a representative of doctors (myself), pharmacists, nurses and medical laboratory scientists each. We held 2 meetings and constituted sub-committees for CPE for the respective professions. Specialists in Medicine, Paediatrics, Ophthalmology, Public Health and Anaesthesia enjoyed State Government sponsorship to their specialty conferences in various parts of the country and this was granted. Health workers were becoming very motivated and the CPE committee was charged with the responsibility to expand the programme to all other health professionals.

CPE activities



- **HOSPITAL SEMINARS – INCLUDING TOTAL QUALITY MANAGEMENT WORKSHOPS**
- **DEPARTMENTAL SEMINARS**
- **CONFERENCES – MWAN, APHPN**
- **AGM - NMA**

BENEFITS OF TOTAL QUALITY MANAGEMENT



- Organisational Benefits:

Improvements in patient satisfaction; Productivity improvements; More effective/efficient use of equipment and materials; Greater initiative and entrepreneurship; Improved team spirit; Improved communication; Attitude change; Articulation, adoption and dissemination of shared vision; Articulation, adoption and dissemination of shared values; Focused and clear mission; Improved corporate image

- Individual benefits

Empowerment, Training, Recognition and reward, Increased personal competence, Enhanced job satisfaction.

- Problem solving approach

Health workers must have a problem solving approach and initiative to all health issues. While waiting for the Local, State or Federal Government to do its part, in the interim health workers must be motivated to work as a team to find temporary solutions to the challenges they face daily until we come to the realisation of health for all.

CPE for doctors



- At the 2008 AGM of the Delta State NMA, a questionnaire on perception of doctors to post-graduate education was administered. The most common source for updating medical knowledge was the internet (36%) followed by NMA organized continuous medical education (CME) programmes (25%), and journals (24%).
- We concluded that developing strategies for a more structured and mandatory form of post-graduate medical education is imperative for improving the quality of health care services rendered to Nigerians in today's fast changing world.

IMPLEMENTING CPE USING ZERO BUDGETING



- Develop a training directory which would catalogue details of health workers trained by the Federal Ministry of Health, donor agencies or through self-effort at home or abroad.
- Promote organization of health facility based clinical meetings/departmental seminars and mortality reviews.
- Develop strategies for mainstreaming training programmes to other related professions using the professional health associations.
- Provide guidance for attainment of minimum requirements of the professional councils for CPE per year.
- Network with organizations that would be willing to support professional health associations in the area of continuous professional development. The associations would then apply directly to these organization or the state government where applicable, while the CPE committee would keep a record of these events.
- Develop indicators to evaluate the impact on practice and health service delivery with the production of a six monthly report to the Honourable Commissioner for Health.

Successful strategies for managing human resources for health programming – the role of Information , Communication and Technology



- Information has been defined as that which adds to human knowledge.
- Communication can be defined as that which enables the convergence and / or exchange of information in the form of voice, video, text, image or data between point's and / or multipoint.
- Technology is the activity or study of using scientific knowledge for practical purpose. Technology is further defined as the scientific equipment and methods used in a particular area of activity such as computer technology.

BENEFITS OF ICT



- **Education:**
- (A). Education (tele-education and distance learning)
- (B) Creation of virtual networks i.e. linking universities and schools into a virtual network for information exchange research and video conferencing
- (C) Creation of online database and data bank for research.
- (D) Provision of online informal learning facilities via the web.

BENEFITS OF ICT contd.



- **Tele-Diagnosis and Health Information Networks**
 - (A) Tele-diagnosis and health information networks.
 - (B) Bringing medical expertise to remote areas - telemedicine
 - (C) Exchange of medical data and information between various hospitals and specialists located in different parts of the world or country.

BENEFITS OF ICT contd.



Government

- Faster intra –inter agency communication and co-ordination through ICT networks for voice electronic messaging and data sharing.
- Decision support system to enable data intensive planning research and policy formulation in specific activities of government agencies.
- Taxation administration.
- Administrative record keeping.

BENEFITS OF ICT contd.



KNOWLEDGE MANAGEMENT (KM)

- Knowledge is a utility: the new means to obtain social and economic results. Knowledge is becoming the only meaningful resource.
- Knowledge has always been a source of power, and remains so in the new economy. It is estimated that more than \$2 Million per year worldwide is being spent on developing new information and communication technologies, software and hardware, all in a bid to exploit knowledge as a driving source of competitive advantage. Advances in IT have made the capture and distillation of data into information not only more assessable, but also affordable.

BENEFITS OF ICT contd.



E-COMMERCE (reaching a large audience at reduced cost)

- The number of internet users provides a large market for electronic commerce (e-commerce). You can have an online mailing list of interested customers to whom new adverts information's are uploaded as they become available. There are many multimedia facilities available on many of today's personal computers which can include video, audio sounds, multi-color presentations etc, to catch the attention of their target audience.
- Electronic banking is also being made possible today where web-based banking application enables information about the bank to be accessed online.
- There is also the newly introduced forex trading.
- You can now use credit cards in Nigeria to buy things on the internet.
- All these facilities can also be useful for stay-at-home mums or dads as a means of income.

CASE STORIES



- The first one was a 19 year old from Edo State who described her experience as fruitful, different from being a sales girl, a secretary or a receptionist; a service to humanity coupled with so much more.
- The second was a 24 year old female youth corper from Delta State who said she had gained knowledge on how to organize and prepare for seminars, workshops and conferences, and had become very familiar with common acronyms such as: STDs, HIV/AIDS, ARH, MDGs, PMTCT, VCT, PHC, SRH, PLWHA, etc.
- Each of these used ICT tremendously particularly in writing of reports which became a source of information to them.

ICT and funding



- In 2001 I was sponsored by the Commonwealth Foundation to Australia. Medical Women Edo State Branch wrote appeal letters signed by our then president Dr. Ideh. I sent one to the Commonwealth Foundation and informed Dr. Ideh. Commonwealth Foundation responded and asked Dr. Ideh to nominate one person for sponsorship. She nominated me since she was getting funding from the Edo State Government.
- In 2002 I was sponsored by the Harley Stewart Trust to undertake the 3-month DTM & H at London School of Hygiene and Tropical Medicine. I was nominated by the school and I think it may have something to do with the fact that I attended a 2 week course the previous September for which I sponsored myself.
- I also got free registration to attend the Inaugural Scientific Conference of the National Postgraduate Medical College through recommendation by Prof. Osibogun, one of my mentors.
- UNFPA sponsored me to ICASA in Abuja in December 2005. I had made the UNFPA Adviser in the state a co-author of the paper I was to present.
- In February 2007, November 2007 and September 2008 I was sponsored by the West African Health Organisation to attend various programmes in Benin Republic and Burkina Faso.
- In September 2007 I was sponsored by the Royal Society of Tropical Medicine and Hygiene to attend the Centenary Celebration. They sponsored a lot of Nigerians even those who were non-members or who did not have accepted abstracts.
- THE SECRET IS NEVER TO GIVE UP. HOPE AND PRAY.

Successful strategies for managing human resources for health programming – the role of Public Health Informatics



- Public health informatics is “the systematic application of information and computer science and technology to public health practice, research, and learning”
- This rapidly emerging field combines the use of public health information with use of information technology and the management of information systems.

Information management in health care involves:



- Obtaining and recording of patient data
- Peer consultation
- Appraisal of scientific literature; systematic reviews
- Planning of investigative procedures and interpretation of results
- Strategic planning for patient care
- Case-based and population-based research including randomised controlled trials and qualitative research

Medicine is set apart from other fields as a result of the overriding concern for the health of patients and the need to make good medical decisions.

The field of medical informatics goes beyond studying computers in medicine.

Professionals deal with medical informatics have to aggressive about finding opportunities to learn more about working systems.

Public Health Informatics



- Health of the population, rather than individuals
- Not about computer science and technology per se, rather the application of technology based solutions for collection, storage and retrieval of public health data
- Patients and diseases are not predictable
- New/emerging problems such as HIV/AIDS, SARS and Avian Flu, Swine Flu
- Often at national or international level – problems with language, standards, definitions

Data Management



- **Collection**

- Where do we get this information from?

- ✦ Routine data e.g. medical records or surveillance – how do we integrate record systems if routinely collected data?
- ✦ Direct entry – who does it and where is the data stored?

- **Storage**

- Where is the information stored and how is it stored – who has access to it, how do we ensure data security and data confidentiality?

- **Retrieval and sharing**

- Need for standards in clinical terminology
- E.g. to ensure vaccines are available in a disease outbreak

What might we include?



- What – case definition – e.g. what is measles
- Who – persons involved – risks or rates relative to the population
- Where – place – for example in looking at disease outbreaks
- When – time – trends in disease outbreaks
- Why – cause and effect – causality and association, exposure etc

Surveillance



- “Systematic continuous monitoring of the incidence and transmission of disease” which provides “timely information on which to base public health interventions to control the spread of communicable diseases” (Bailey et al, 2005)
- Passive surveillance – automatic routine data on notifiable diseases
- Active surveillance – monitoring of new disease – costly and labour intensive

...enhance identification and investigation of disease outbreaks



...disseminate information to professionals and the public e.g. on new diseases

...assist with the provision of relevant services e.g. routine and non-routine immunisations

Global Influenza Surveillance Network (GISN)



- GISN is a highly interactive application which over time has contributed immensely to the early detection and response to influenza outbreak.
- The operation of GISN is continuously being reviewed and adapted as the global pattern is changing. This is made possible by the application of Geographical Information Systems such as the FluNet.
- There is also wide dissemination of guidelines for the operations including training especially through e-learning.
- President Obama of the United States has called for universal accessibility of all relevant information to all individuals in a given population as recommended by President Obama in the United States. If in the future, such information is available from birth to death, it will simplify the epidemiological analysis of risk factors that tend to trigger outbreaks.

Flu Monitoring System

• Global

WHO

WHO CC
(NIMR)

NIC
(HPA)

• Local

NHS Direct

HPA

QSurveillance

RCGP
WRS



**DONOR
RECIPIENT BUT
NOT DONOR
DEPENDENT**

A Call to join the African Health Solutions Network!



- The African Health Solutions Network is being established to implement solutions to the health problems of African nations. Often when African health issues are discussed at international fora, the impression one gets is that majority of Africans are helpless in finding solutions to their problems. It is time to prove this ideology wrong! The African Health Solutions Network seeks to mobilise the abundance of human, financial and material resources that exist within Africans in a unique and transparent fashion, to solve many developmental problems with a specific focus on health-related Millennium Development Goals. We are hereby calling on well-meaning Africans at home and in Diaspora, to reduce the talk on problems and shift the discourse to solutions.

If you wish to be part of this network, all you have to do is to make available your time and skills, money and/or material resources and embark on any of the "Adopt Your Own Village (AYOV)" Projects using our proposals as a guide. Once you have successfully implemented the project, send us a report and you will automatically become a part of the African Health Solutions Network.

ADOPT YOUR OWN VILLAGE (AYOV) PROJECT



AYOV PROJECTS

For a token sum of 100 pounds:

Pre-enrolment Medical Examination can be conducted for 100 newly enrolled primary school children which would detect early any health problems that could impede their learning and improve child immunisation coverage. MDG 4: Reduce Child Mortality



20 nursing mothers can be provided with post-natal pack and check up examination for mother and baby at 6 weeks. This would improve acceptability of family planning which would contribute to reducing maternal mortality, and also increase child immunisation coverage. MDG 5: Improve Maternal Health; MDG 4: Reduce Child Mortality



ADOPT YOUR OWN VILLAGE PROJECT (CONVERTING BRAIN DRAIN INTO BRAIN GAIN)

Accelerating progress in attainment of Millennium Development Goals requires bold new initiatives and strategies. All too often, in developing countries, the expectation for maximum impact in health rest largely on the constituted government. However, due to lack of accountability, mismanagement, poor organisation and low capacity for performance many laudable government-initiated projects in developing countries have fallen greatly short of desired goals.

Citizen participation has played a huge role in the improvement of the health of populations in the developed world. This participation is produced by individuals and charities, which support the control of communicable and non-communicable diseases through advocacy, public enlightenment, training, material support, research; patient opinion programmes; and public patient involvement in health care. The developing world has on the other hand seen the exodus of some of its best brains to greener pastures in the Western countries where better facilities abound in a stimulating and enabling environment that creates a high sense of job satisfaction.

The phenomenon of brain drain can in fact be converted to brain gain through the Adopt Your Own Village (AYOV) Project. This project is a unique strategy initiated by the African Higher Education & Research Observatory (AFRIHERO). AFRIHERO is an international non-governmental organisation whose mission is to re-create Africa through curriculum innovations, skills-based training, and best practices in education and research. AFRIHERO seeks to utilise experts in various fields to work in pavilions to contribute to the socio-economic development of Africa using the framework of the Millennium Development Goals. Through the AYOV Project, health workers operating in developed countries are encouraged to make significant contribution to the attainment of Millennium Development Goals in their own villages or wards back home in a cost-effective manner.

A ward is known as the lowest political unit, consisting of a geographical area with a population range from 10,000 to 30,000 and is also the lowest unit of health services delivery. A country like Nigeria has 9,572 political wards in its 774 LGAs. Each ward is represented by an elected legislative councillor and primary health care services in the ward are supposed to be monitored by a ward development committee.



RECREATING AFRICA
www.Afrihero.org.uk

AYOV PROJECTS

10 hard-to-reach communities can be accessed by health workers to provide outreach immunisation services. MDG 4: Reduce Child Mortality



An HIV/AIDS awareness programme can be organised for 500 in-school adolescents to empower them to avoid risky sexual behaviour. MDG 6: Combat HIV/AIDS, malaria and other diseases



ADOPT YOUR OWN VILLAGE (AYOV) PROJECT

AYOV PROJECTS

For a token sum of 100 pounds:

Cataract surgery can be performed on two blind eyes and enable the blind regain sight, re-commence a productive life that would alleviate poverty. MDG 1: Eradicate extreme poverty and hunger



Training by distance learning can be conducted for one highly motivated health worker, leading to development of transferable skills for managing a wide variety of health problems in developing countries. MDG 1 - 8



Detailed proposals for these and many other projects can be downloaded from the proposal section in the Health & Well-being Pavilion of AFRIHERO

ADOPT YOUR OWN VILLAGE PROJECT (CONVERTING BRAIN DRAIN INTO BRAIN GAIN)

Steps for embarking on an AYOV Project

1. Get baseline data about Millennium Development Goals indicators in your locality of origin (preferably your own ward). If not available, conduct advocacy for the authorities to implement activities to track and monitor these indicators.
2. Focus on programmes and activities that would improve the worst indices. Select a project and determine how to raise fund and any other resources for the implementation. Decide how often to replicate the project and which indicators to track in order to monitor progress.
3. Find out what other individuals and organisations are doing so that activities can be properly coordinated and duplication of effort avoided
4. Collaborate with and involve the local government authorities in-charge of the area to provide a window of opportunity for sustainability of the project
5. Write a report of the activity and send to relevant stakeholders. (If such a report is sent to AFRIHERO, it will be posted on the website)
6. Support the celebration of notable health days for advocacy and awareness creation:
 - 29th January – World Leprosy Day
 - 5th February – World Onchocerciasis (River Blindness) Day
 - 6th February – Zero tolerance to Female Genital Mutilation
 - 8th March – International Women's Day
 - 24th March – World Tuberculosis Day
 - 7th April – World Health Day
 - 25th April – African Malaria Day
 - 1st August – World Breastfeeding Day
 - 2nd October – World Day for the Elderly
 - Second Thursday in October - World Sight Day
 - 1st December - World AIDS Day



RECREATING AFRICA

This message is from the Health and Well-Being Pavilion of the African Higher Education & Research Observatory (AFRIHERO)

For More Information on Adopt Your Own Village Project Please Contact:

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TARGET FOR AYOV PROJECTS



- HEALTH WORKERS IN DIASPORA
- HEALTH WORKERS AT HOME
- PROFESSIONAL HEALTH ASSOCIATIONS
- LOCAL NGOS, CBOS, FBOS
- POLITICIANS

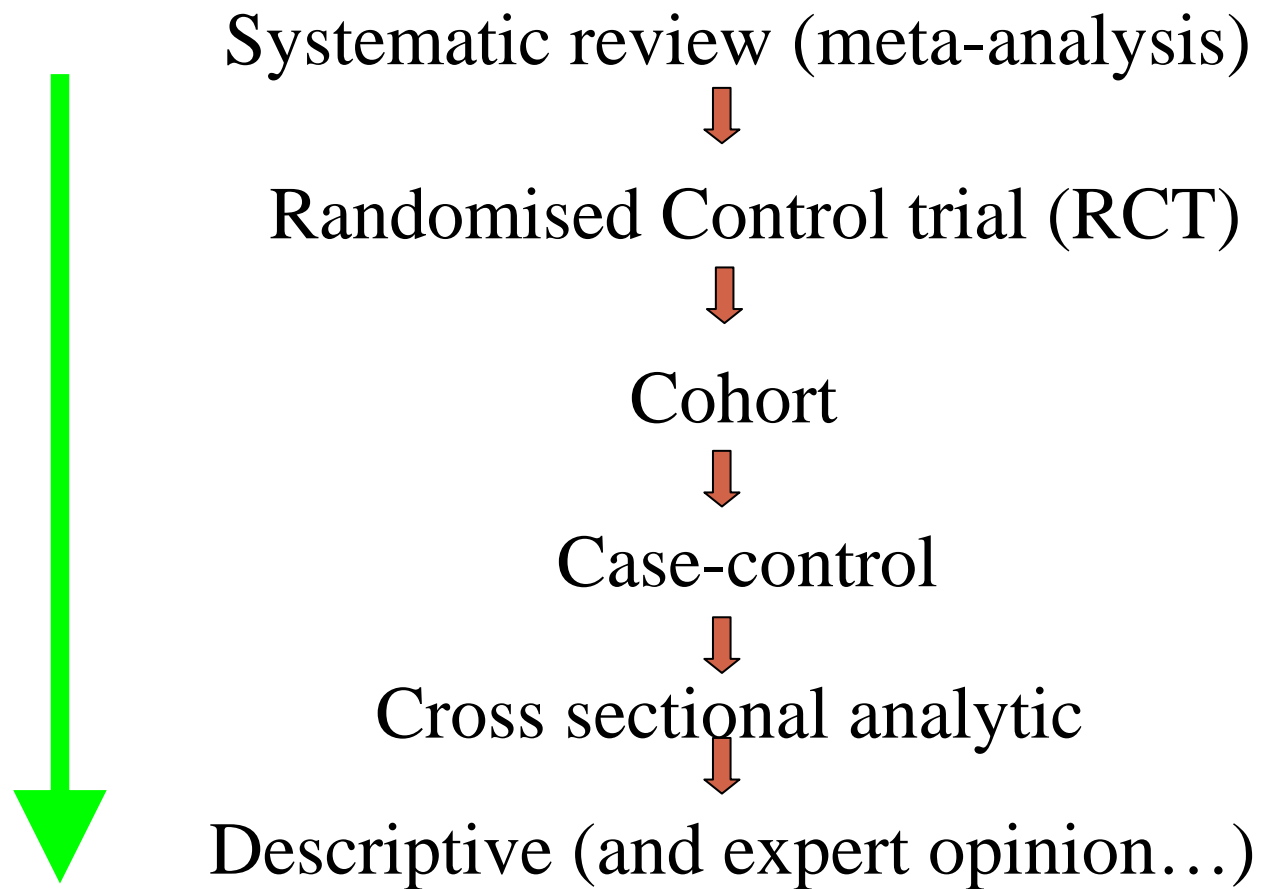
SCALING UP



- **BASIC SCIENCE**
- **PROOF OF CONCEPT**
- **LARGE RCT**
- **RELIABLE “REAL-LIFE” IMPLEMENTATION**
- **SCALE UP**

Evaluating the evidence

Evidence hierarchy



ADVANTAGES OF DONOR SUPPORT



- **FUND WHAT GOVERNMENTS MAY BE RELUCTANT TO SUPPORT**
- **CAPACITY IN PROGRAMME MANAGEMENT**
- **AVENUE FOR PARTNERSHIPS**
- **SHARING OF BEST PRACTICES**
- **BETTER DATA MANAGEMENT**
- **BETTER FINANCIAL MANAGEMENT**

DISADVANTAGES OF DONOR SUPPORT



- **TOO MUCH MONEY IS SPENT ON MEETINGS, TRAINING TRAVELS, HOTELS, PRODUCTION OF DOCUMENTS**
- **DO NOT USUALLY SUPPORT STRENGTHENING HEALTH SYSTEMS FOR IMPLEMENTATION OF TRAINING**
- **PACKAGE FOR LOCAL OFFICIALS UNATTRACTIVE**

More spending should be at the community level where the disease burden is greatest⁸



- Magnitude of Disease burden
- **Federal**
- **State**
- **LGA**
- **Community**
- **Household**

Resource allocation/ release

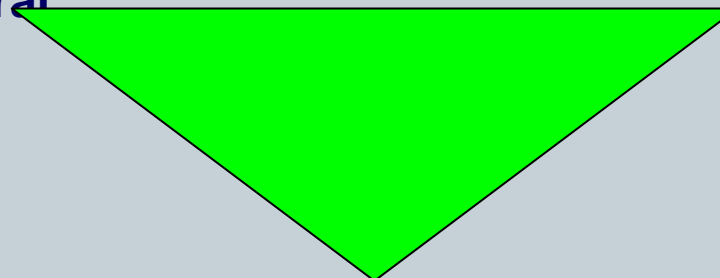
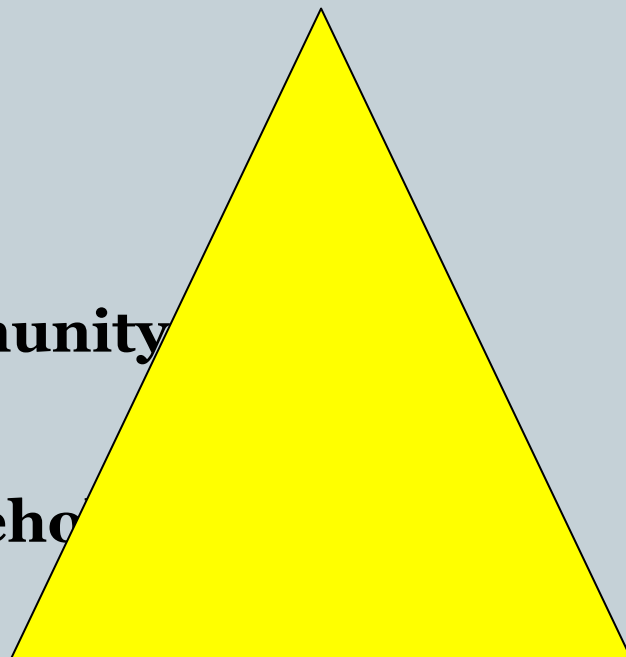
Federal

State

LGA

Community

Household



Tips on maintaining transparency and accountability



- Develop an impeccable track record from **DAY ONE** till the end of your stay in a particular position
- Observe all the work ethics governing the organisation or establishment
- Be up to date with your work schedule – avoid being mediocre
- Be knowledgeable about your job and work with enthusiasm – aspire towards professional excellence
- Find out relevant information governing the obtaining, spending and accounting for funds for programmes and stick to them religiously. If in doubt, ask questions.
- Keep a copy of all financial transactions for future reference.
- When intimidated, do not fail to report to authorities that can help
- Have a thriving investment or keep other job options open which you can fall back to, if at any time you may have to quit to maintain your integrity.
- There is legitimate financial gain for a hardworking professional: all expense paid assignments/events, honoraria/facilitation fees and consultancy opportunities apart from your salary and job security. Focus attention on these and remove your eyes from illegitimate financial gain.
- Reward subordinates for hard work with legitimate financial gains and other forms of recognition so as to win their respect, loyalty, support and cooperation in the fight against corruption.

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Post-workshop evaluation



THANK YOU