Overview

Under Canada’s leadership, the G-8 has launched the Muskoka Initiative on maternal and child health (MCH), a comprehensive and integrated approach to accelerate progress towards Millennium Development Goals 4 and 5, which seek to reduce the under-five child mortality rate by two-thirds, and reduce the maternal mortality ratio by three quarters. The Initiative expects to reduce the number of reproductive, maternal, newborn and under-five child deaths in developing countries.

As a member of the G8, the French government has decided to disburse 95 million Euros to four UN agencies (UNFPA, UNICEF, UN Women and WHO) and one partnership, the Global Health Workforce Alliance (GHWA), to cover activities for the next five years (2011 to 2015). The funds will support the design and implementation of regional and national strategies which will strengthen and enable the health system to deliver key interventions for reproductive, maternal, newborn and child healthcare in the French-speaking countries in West and Central Africa. One of the areas of intervention selected by the recipient UN agencies and GHWA for the implementation of the Muskoka Initiative is the improvement of the development and management of Human Resources for Health (HRH) as a health system component.

In many countries, health system bottlenecks are a structural impediment to the equitable scale-up of quality, reproductive, maternal, newborn and child health (RMNCH) services. A case in point is the health workforce: the correlation between availability of health workers, coverage of health services and health outcomes is well established. Indeed, while HRH knowledge and related technical expertise have grown exponentially in recent years, adequate dissemination and knowledge transfer related to analyzing and addressing HRH issues remain weak. Moreover, the skills required to carry out analyses and implement interventions often reside with a very small group of experts, and are not always transferred to those who need them most (for example policy makers).

The four UN agencies and GHWA will support the countries’ strategies for the production, the equitable distribution, the retention and the management of the health workers needed for the reproductive, maternal, newborn and child health services in order to strengthen the health system (see list of Muskoka Initiative countries in annex). This support will be provided through the following various channels:

- Technical and financial assistance to countries for the implementation of the Muskoka Initiative,
- Establishment of the sub-pillar under the HRH community of practice as a platform for knowledge sharing and evidence-based decision making among various stakeholders concerned with human resources for health for the reproductive, maternal, newborn and child health services in low income countries.

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1 Muskoka Initiatives countries: Benin, Burkina Faso, Guinea, Madagascar, Mali, Niger, CAR, DRC, Senegal, Chad, Togo
Background

The HRH CoP has already been established as a component of the Harmonization for Health in Africa (HHA). The HHA mechanism was created based on the recommendations of a meeting held in 2006 in Tunis. HHA has been established on the grounds of insufficient progress towards health-related MDGs in Africa and the need to strengthen inter-agency, regional and inter-country coordination for effective and efficient support to the African countries.

The first HRH CoP coordination meeting was organized by the African Development Bank in Tunis in November 2011 for an official launch of the CoP and to allow CoP members to reflect on what should be the vision, mission, as well as the key functions including governance of the HRH CoP (see annex HRH CoP). It was also agreed that the HRH CoP will be coordinated by AfDB, and that various HRH CoP sub-pillars for specific HRH components will be established. Among these is the sub-pillar related to reproductive, maternal, newborn and child health workers (RMNCHW).

Objectives of the CoP sub-pillar for RMNCHW

The general objective of the CoP sub-pillar for RMNCHW is to stimulate the development, dissemination and use of knowledge needed to improve HRH policies, strategies and decision making related to the reproductive, maternal, newborn and child health services in the African countries.

The following six key objectives have been identified and aimed to be achieved by 2016:

1) To support the development of evidence-based information on various topics related to training, distribution, accreditation systems, career path and status of the RMNCHWs needed by African countries to improve the formulation and implementation of the HRH strategies required for the management of the reproductive, maternal, newborn and child health services,
2) to facilitate the sharing of knowledge needed for priority areas of intervention for HRH among various stakeholders such as researchers, trainers, professional associations, policy makers and politicians in order to generate information needed for HRH decision making related to reproductive, maternal, newborn and child health services,
3) to take advantage of arising opportunities (forums, regional conferences etc.) and establish advocacy channels by disseminating HRH management good practices technical and policy briefs on specific HRH topics related to reproductive, maternal, newborn and child health services,
4) to promote greater and better-informed dialogues between practitioners, researchers and policy makers for better use of the research products by policy makers
5) to stimulate policy dialogues through HRH coordination mechanisms in the African countries,
6) to promote innovative approaches to address specific HRH challenges whose resolutions will improve the reproductive, maternal, newborn and child health services.

Areas of action

The selected areas of action should contribute to the achievement of the Muskoka Initiative objectives:

- Analysis, review and use of RMNCHW assessment and evaluation results,
- Collection and sharing of best practices related to the RMNCHW,
- Development of policy and technical briefs on various RMNCHW topics for advocacy or policy decisions,
- Evaluation of the strategies implemented to improve the RMNCHW situation,
- Capacity building on selected and contextual HRH topics for key RMNCHW stakeholders.

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3 Muskoka Initiative objective: to accelerate the reduction of reproductive, maternal, newborn and child mortality and morbidity by improving the health system building blocks such as: leadership and governance, information system, financial system, human resources for health, drugs and medical technologies, services delivery and family and community level promotion of essential family practices
4 The RMNCHW assessment and evaluation will be conducted by country support given through the Muskoka Initiative
The CoP sub-pillar for RMNCHW will be a catalyst for the implementation of the HRH strategies in the countries. As presented in the figure below, the country RMNCHW information will be obtained from the assessment conducted at country level. The country material will be used by the CoP for policy dialogue and HRH strategy identification. The recommendations of the CoP will be advocated through the national HRH coordination mechanism.

Figure: RMNCHW CoP/Knowledge generation and policy decision making process

**RMNCHW/CoP means of communication**

- Online forums, WebEx and webinar sessions,
- Regional face-to-face meetings and workshops
- Country meetings

**Members**

The membership is purely on a voluntary basis for any individuals interested in the issues related to HRH, specifically in the area of MNCH. Members from public and private institutions will include:

- African national training and research institutions
- International research institutions
- Regional health professional associations
- Policy makers such as human resource directors, health financing directors, civil servant directors, education director
- Faith-based organizations
- UN agencies benefitting from the Muskoka Initiative funds
- Development partners working in the HRH field
- National and international NGOs.

**Suggested roles of the members**

The members of the **CoP sub-pillar for RMNCHW** will share/exchange information on the current situation of the health workers needed for reproductive, maternal, newborn and child health services, and problems as well as evidence-based solutions to improve the situation, practices and technical advancement.

- **African training and research institutions and international research institutions** are expected to be involved in the assessment and evaluation activities and the development of the technical and policy briefs,
- **Regional health professional associations** will play a role in the development of statements for various HRH careers and their development such as midwives' status,
- **Policy makers** will facilitate the use the results of the assessment and evaluation of the HRH strategies implemented in the Muskoka Initiative selected countries,
- National and International NGOs and faith-based organizations in collaboration with partners (UN agencies) to monitor progress and document the improvement of the HRH situation at country level and to suggest corrective actions for persisting HRH issues,
- Partners: to support the actions of institutions, professional associations, policy makers and NGOs.

Structure and Governance: Role and responsibilities

The CoP sub-pillar for RMNCHW will be a subgroup under the HHA/HRH CoP. Its activities will be linked to the HHA HRH/CoP. A core group will be established to include:

i) four UN agency recipients of the Muskoka Initiative French award (UNFPA, UNICEF, WHO, UN Women);
ii) AfDB in its role as the lead of the HHA/HRH/CoP;
iii) representatives of two African research and training institutions (French- and English-speaking);
iv) a representative of one African HRH network;
v) a representative of one regional professional association.

The role of the core group is to approve and validate activities and monitor progress made by the CoP sub-pillar for RMNCHW. UNFPA will lead the CoP sub-pillar but will transfer the facilitation role to GHWA. In collaboration with research and training institutions, GHWA, as a member of the HHA and recipient of the Muskoka Initiative grant, will facilitate the activities of the CoP. In its facilitation role, GHWA will be responsible for:

1. Organizing the face-to-face meetings in collaboration with national African research and training institutions,
2. Managing information to be shared on the HHA/HRH CoP website related to CoP sub-pillar for RMNCHW-specific activities,
3. Manage links with other HHA CoPs such as the Health Financing CoP
4. Manage links between the HHA website and partners’ websites (GHWA, UNFPA, UNICEF, French Ministry of Foreign Affairs),
5. Organize the online discussions on various topics related to the CoP sub-pillar for RMNCHW,
6. Coordinate the assessment and evaluation agenda with the members of the CoP sub-pillar for RMNCHW.

The Core group will meet twice a year: one virtual meeting and one face-to-face meeting to review the progress of the implementation of planned activities.
2012 Plan of Action

Objective 1: To establish the RMNCHW CoP

Activity 1.1: Identify potential members
Activity 1.2: Establish a web-based platform with interactive features

Objective 2: To stimulate the development of HRH knowledge

Activity 2.1: Launch of the HRH CoP sub-pillar for RMNCHW
Annex 1: List of 2012 Muskoka Initiative countries

<table>
<thead>
<tr>
<th>Country</th>
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<tbody>
<tr>
<td>Benin</td>
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<tr>
<td>Burkina Faso</td>
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<tr>
<td>Central African Republic (CAR)</td>
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<td>Chad</td>
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<td>Côte d’Ivoire</td>
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<td>Democratic Republic of Congo (DRC)</td>
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<td>Haïti</td>
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<td>Guinea</td>
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<td>Mali</td>
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<td>Niger</td>
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<td>Senegal</td>
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<td>Togo</td>
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Annex 2: HHA HRH CoP

1. VISION

HRH CoP Africa contributes to stronger health outcomes through improving the quality and quantity of HRH.

HRH CoP Africa is inclusive of various current initiatives, actors and stakeholders in HRH Africa and links. A strong HRH for strong Health Systems that is owned and led by Africans.

2. MISSION

HRH stakeholders in Africa generate and exchange HRH knowledge; experience; tools; resources, and build capacity for HRH through a structured and coordinated environment. This entails the following:

- Promote HRH knowledge generation, sharing and management (KM);
- Harmonize and synergize efforts across stakeholders in HRH in Africa;
- Target and prioritize value-added interventions that narrows gaps and advances HRH knowledge and practices;
- Identify and disseminate evidence-based impactful practices for national and regional adoption/implementation.

3. FUNCTIONS

- Develop and exchange knowledge and experience
- Develop and exchange resources and tools
- Build capacity for countries especially for those in crisis.
- Map stakeholder activities and eliminate duplication and inefficiency.
- Identify knowledge gaps and conduct HRH research.
- Support and maintain communication and hold regional meetings
- Support member countries to implement HRH plans
- Link technical assistance to requests
- Facilitate resource mobilization and undertake financial oversight.

4. GOVERNANCE

Governance will be done through a Steering/Advisory Committee driving a small and smart secretariat.

The Steering Committee/Advisory Board will guide, enable and keep an oversight on the strategic plans and functions of the HRH CoP. Composed of representative of MOH, MOE, MOF, civil service leaders, civil society; private sector, development partners.

The secretariat needs to have two main roles:

(1) The CoP Coordinator: Act as the full time executive of the HRH CoP who links all institutions and individuals through the web as well as other media, housed by an institution recommended by AFDB or volunteer organization. Criteria includes; African; experienced in HRH

(2) The Web Designer and Communication Expert: Working closely and guided by the Coordinator.

The African Development Bank can manage HRH CoP during the interim period and meanwhile plan the next phase with partners.
5. ACTIVITIES

- Identify and prioritize value-added knowledge gaps of joint interest to HRH CoP with opportunities for collaboration;

- Mobilize funding and carry out priority activities in HRH;

- Advocate for adoption of ‘evidence-based impactful’ practices in HRH (to governments, stakeholders);

- Ensure implementation/scale-up of evidence based best practices on the ground;

- Assess progress of implemented practices to learn and share experiences;

- Scale up effective communication and coordination to prevent overlap and inefficiency.
## Main themes of action

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Capacity Building</th>
<th>Technical Assistance</th>
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<tbody>
<tr>
<td>Populate the web with guidelines and Toolkit</td>
<td>Training according to different topics based on country requests</td>
<td>Establish a Roster of potential experts</td>
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<td>Identify 10 success stories related to HRH and disseminate them</td>
<td>Strengthen HRH curricula in training institutions in Africa</td>
<td>Capacitate identified experts</td>
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<td>Write guidelines, books, articles on priority HRH issues.</td>
<td>Mapping existing training programs, identifying needs, quality control, funding of programs</td>
<td>Respond to requests of the countries and stakeholders by generating expertise</td>
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<td>Form and maintain Email discussion groups</td>
<td>Identifying and building research capacity</td>
<td>Identify funding</td>
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<td>South-south and North-south exchanges (study tours)</td>
<td>Meetings for CoP, representation of the CoP at HRH meetings, follow-up meetings of the CoP think tank</td>
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