We are pleased to inform you that the WHO conducted End of Programme Evaluation of the Contribution Agreement between EC and WHO on ‘Strengthening health workforce development and tackling the critical shortage of health workers’, through a consultant in May 2012.

The final evaluation report that has been presented and approved in a meeting conducted by EC in Brussels on 29 May 2012, reveals a number of positive findings pertaining to the Country Coordination and Facilitation (CCF) process supported by the Global Health Workforce Alliances.

The principal objective of the EC supported Programme jointly for WHO-GHWA was to contribute to the improvement of health sector performance and progress in attaining the MDGs through development and implementation of health workforce policies, strategies and plans to tackle critical shortage of health workers.

This Programme was based on five operational objectives that are closely interlinked. WHO was responsible for four objectives and the Global Health Workforce Alliance (GHWA) was responsible for implementation of activities under Objective 5, that is: Supporting countries in addressing their critical HRH bottlenecks for priority health service (i- Provision of catalytic funding to eight countries to support health workforce development in the countries, ii- Support the establishment of African Platform on HRH).

In the first phase of the Programme, the Alliances supported CCF activities in four countries (Cameroon, Comoros, Eritrea and Sudan) which were selected in 2009. During the final quarter of 2010, with the EC approval four additional countries (Burkina Faso, Chad, Congo and Guinea) to be added within the same resources. Later on South Sudan was also supported by the Alliances for CCF implementation within the allocated resources (total nine countries).

The End of Programme evaluation was aimed at providing quantitative and qualitative information to make an informed judgement about implementation of the Programme, its relevance, outputs and achievements and its contribution to impact. In addition, the evaluation also intended at highlighting strengths and weaknesses of the design of activities, efficiency, management and performance and to help learn lessons that will be taken into account for future collaboration.

The final report contains the following key findings (extracted from the report) related to the CCF approach and the Alliance support:

- Activities under Objectives 1 and 2 as well as Objective 5 have created widespread awareness and knowledge about both the nature and effects of key HRH problems and how they interact. On this basis the programme has also provoked strong political commitment across stakeholder sectors for action which is based on analysis of evidence, robust policy options and examples of good practice. This marks a significant shift from pre-programme
activities in many countries which too often were ad hoc, short term, poorly coordinated and limited to a narrow range of actors. (Page 6, Achievements and impact)

- Activities under **Objective 5** have enabled the programme to extend financial and technical support to eight additional countries (seven in AFR and one in EMR). Whilst the Contribution Agreement and Plan of Action accord responsibility for implementation to GHWA, additional substantial technical support was contributed by WHO/AFRO. All eight countries have achieved progress in the process of HRH policy development and planning, including four which only commenced action in early 2010. Cameroon and Sudan are regarded as examples of good practice in their respective regions. (Page 8, Impact in countries: Objective 5)

- The most significant achievement under **Objective 5** is successful implementation of the GHWA Country Coordination and Facilitation (CCF) Process aimed at mobilizing and engaging all relevant HRH stakeholders. As members of an intersectoral national HRH Committee they become responsible for reviewing national HRH problems, setting strategic priorities and developing a national strategic HRH plan. **The success of the CCF contribution derives from its precise methodology and detailed process that identifies and then engages stakeholders on the basis of their precise interests and potential contributions to solving the health workforce crisis.** (Page 8, Impact in countries: Objective 5)

- Cameroon, ....... and Zambia reported tangible programme outcomes, including increased health sector spending, greatly improved HRH management capacities including HR information systems, creation of new training institutions, increased enrolments and outputs from training schools, improved retention (Zambia) and introduction of new cadres (community health assistants) to improve access to services on the part of rural and poor urban populations. [Note: The countries did not claim that these outcomes were uniquely attributable to the actions and resources of the programme alone. Other relevant activities were also on-going. However the structure, processes and momentum created by the programme, as well as its contribution to building country capacities, added substantial value to the combined effects of the totality of the actions.] (Page 8, Impact in countries: Experiences of Countries)

- In all four countries the programme (**participated in evaluation meeting**) built upon on-going, limited efforts to tackle selected aspects of the workforce crisis and did not start from scratch. In most cases existing SWAp mechanisms have served as the basis for creating more specific HRH stakeholder coordination groups. Stakeholder engagement in the preparation of national HRH policies and plans as well as their strong commitment to implementation, **have created a critical momentum.** In other words **the programme has succeeded in putting in place**
the structures and processes necessary for building consensus and creating common ownership amongst the interested parties. (Page 9, Impact in countries: Experiences of Countries)

- In Cameroon, ….. and Zambia the programme resulted in strong political support and commitment across many sectors of government and high-level stakeholders, including development partners. This derived from the major increase in awareness and knowledge which the programme imparted to all stakeholders through the processes aimed at creating a national HRH Observatory. Cameroon and Zambia acknowledged the particular benefits of the CCF process in building stakeholder commitment. (Page 9, Impact in countries: Experiences of Countries)

- All four countries (participated in evaluation meeting) described the strong engagement of external partners, including the utilization and adaptation of existing SWAp coordinating mechanisms to the particular purposes of the programme. The resulting benefits have included strong programme relevance to specific country needs, complementarity with ongoing health and development cooperation activities and efficiency gains.

- The Second Global Forum on HRH, January 2011 in Bangkok (Thailand). In addition to facilitating a workshop on strengthening HRH information systems and Observatories, WHO/AFRO facilitated a special side meeting of over fifty five African participants to review the status of the African Platform on HRH, especially with regard to setting up institutional mechanisms to improve coordination, communication and convening functions. A special Task Force was appointed with a mandate of six months to consult all stakeholders. It is chaired by Dr Francis Omaswa, former GHWA Executive Director. (Page 17)

- GHWA, WHO, Thailand and JICA jointly convened a meeting on Multisectorality of HRH which was attended by more than one hundred participants representing both countries and partners. Some ten countries presented their CCF experiences, including programme target countries Cameroon Sudan and Cameroon. (Page 17)

- Sudan: GHWA support to the national Observatory was provided through the WHO Country Office. Interalia the Observatory provides the Secretariat to the HRH Forum which derives from the CCF process. (Page19, BOX 1: Examples of support to National HRH Observatories

- In close coordination with GHWA, WHO/AFRO provided technical support to all seven countries in AFR and it is reported that EMRO and the WHO Country Office were actively involved in support to Sudan. GHWA cooperation included development of HRH Country
Profiles and GHWA reports Alliance engagement in developing the template and monitoring activities in both AFR and EMR. (*Page 30, Objective 5: Activity 5.1*)

- In early GHWA support to countries **catalytic funding** was the means through which stakeholder engagement and coordination was promoted. It has been superseded by a more standardised Country Coordination and Facilitation (CCF) process. Its core aims and activities include:
  - Updating the HRH situation analysis with regard to identifying key HRH stakeholders and analysing their precise interests and potential contributions. By definition they are drawn from many sectors and include development partners and private providers.
  - Mobilising and engaging the stakeholders as members of an intersectoral national HRH Committee responsible for reviewing national HRH problems, setting strategic priorities and developing a national strategic HRH plan.
  - Creating subsidiary theme groups overseen by the national committee to take forward analysis and planning on core issues including retention mechanisms, recruitment and training, management information and financing—including resource mobilisation.
  - Costing, validation and initiation of HRH plan implementation with due stakeholder involvement

(*Page 31, Objective 5: Activity 5.1*)

- GHWA has supported the creation of the African Platform which was seen by African stakeholders as a key element of Regional action to tackle the HRH shortfall. The purpose of the Platform is ‘to contribute to strengthen continental, regional and country action on human resources for health within an implementation framework that will contribute to improvement in health systems performance and promote cooperation.’ The core mission of the Platform is advocacy on HRH issues. (*Page 33, Activity 5.2*)

- The evaluation report has identified that the programme has **successfully achieved its expected results**, with the exception of a small number of activities under Objective 4. Many indicators have been surpassed. The evaluation indicates that the programme delivered **value for money** in most of its areas of activities. The duration of the programme activities has been too short to ensure sustainability and maintain momentum in the absence of continued technical and financial support. Programme implementation has demonstrated effectiveness, relevance and value for money. **A further phase of EC support is strongly justified.** (*Page 50 and 51*).

In conclusion, the report has highlighted a need for more collaborative approach and defined roles of principal partners (WHO and GHWA) in the second phase of the project that has been principally agreed in the evaluation review meeting by EC. The report recommends that a detailed review of the respective roles, functions, approaches and methodologies of WHO and GHWA should be facilitated with the aim of ensuring improved coordination in their future cooperation activities in tackling the health workforce crisis at all
levels. GHWA-WHO joint planning of country support activities should be an obligation.
(Page 47-52)

Attached are the summary of the CCF activities and extracts from Cameroon example of
achievement and impacts, as included in the report.
Summary of CCF activities in GHWA target countries (Page 31 and 32, BOX 3)

**Comoros:** developed an HRH policy and plan in 2009. In 2011 the HRH plan was revised and costed to ensure coherence with the National Health Plan (2010-2015). The HRH development plan was finalised in 2012... The following activities are in progress:

- An HRH Forum has been organized with all key stakeholders in order to involve them in the mobilization of resources and implementation of the HRH plan,
- A consensual decision between the Ministry of Education and the Ministry of Health to transfer the medical school management to the Ministry of Health has been made,
- Health workforce capacity of the HRH focal point in the MoH has been strengthened in order to facilitate the coordination of the key stakeholders during the implementation stage of the plan,
- A fund raising activity was planned for the Doha conference in 2011.

**Cameroon:** completed an HRH situation analysis in 2009 with GHWA support funded by French Development Cooperation. During 2010 an HRH policy and a communication strategy were developed with the explicit objective of engaging stakeholders in the process of developing a national HRH plan. Specifically:

- An HRH committee was established as a platform for policy dialogue among all key stakeholders,
- A stakeholder analysis was carried out to ensure that key stakeholders to be engaged in the HRH committee will be designated by sector,
- A policy dialogue was held and was led by the HRH committee with everyone involved in the implementation of the health sector policy in order to develop common and coherent HRH strategies,
- A census of the HRH has been carried out under the leadership of the HRH committee.
- The HRH development plan was finalized in 2011.

**Eritrea:** During 2010 an HRH plan (2010-2015) was developed and validated by all HRH stakeholders, and national validation process of the HRH plan was carried out. A resource mobilization strategy was developed during 2011 to support the HRH plan implementation.

**Sudan:** During 2010:

- A rapid assessment of the HRH situation was carried out,
- A comprehensive HRH strategic plan (2010-2015) was developed as a component of the overall national health strategic plan,
- Curricula development, information technology, and the libraries and skills labs were all strengthened at the Institute of Health Sciences (Rumbek), the Institute of Health Sciences
(Juba), the Nursing and Midwifery School (diploma course) and Nursing and Midwifery Institute (Kajo Keji),

- A comprehensive plan for scaling-up community health workers competencies was developed.

During 2011 Sudan linked in-service training to an accreditation process in order to improve training quality.

**Burkina Faso:** carried out an HRH situation analysis during 2010 and developed a draft second generation HRH plan. The previous plan was not fully implemented because of lack of donor support. The HRH committee was strengthened in 2011 in order to ensure the engagement of all key partners in the development of the HRH plan which is on-going.

**Chad:** had already developed an HRH plan for 2005-2015. It was updated in 2010 and a three-year operational plan was developed. Additional activities included strengthening the HRH information system and evaluating the health training institution. GHWA support also included engagement of stakeholders (a) in resource mobilization during 2011 to fund implementation of the three year plan and (b) in developing a plan for rural deployment of 1000 health workers.

**Congo:** developed the HRH plan 2010-2015 which was scheduled to be validated in 2011. However, the key HRH stakeholders such as civil society and professional associations had not been fully involved in the planning process. With the support of the French Development agency, Mohr established a coordination mechanism in 2011 in order to involve all key stakeholders in finalizing the plan and supporting implementation.

**Guinea:** was supported by GHWA to mobilise development partners (the World Bank, Fad and French Development Cooperation) for the elaboration of the national health strategic plan, including the HRH plan. To this end an HRH committee was established and an HRH situation analysis carried out. The finalization of the plan is on-going.
Cameroon: Achievements and Impact in countries (Page 35 -38)

Cameroon was one of eight countries selected to receive financial and technical support (CCF process) from GHWA. It has also received technical and financial support on the part of WHO/AFRO. Both GHWA and WHO regard it as an example of best practice. It is reported that collaboration between GHWA, WHO and the Government of Cameroon is coordinated through an agreement which specifies their respective roles and responsibilities.

Achievements resulting from project support:

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<tr>
<th>BEFORE THE PROJECT</th>
<th>AFTER THE PROJECT</th>
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<tr>
<td>• No clear picture of HRH situation</td>
<td>Country profile 2009</td>
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<td></td>
<td>Situation analysis of HRH 2010</td>
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<td>• Levels of HRH needs unknown</td>
<td>National HRH census 2011</td>
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<td>HRH needs assessment based on WISN 2011</td>
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<td>Revision of norms of personnel for each level of the</td>
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<td>health infrastructure 2011</td>
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<td>Feasibility study of AFRITEX on health science</td>
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<td>education needs 2011 followed by a business plan</td>
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<td>• Lack of Health Information System</td>
<td>HRIS 2009</td>
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<td>• Weak stakeholder involvement</td>
<td>National Observatory established 2009</td>
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<td>• Weak political commitment</td>
<td>CCF implementation 2010</td>
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<td>• Weak sensitization and advocacy</td>
<td>Identification and Mobilization of</td>
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<td></td>
<td>Key stakeholders 2010</td>
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<td>• No HRH policy</td>
<td>National HRH policy 2010</td>
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<td>• No HRH development plan</td>
<td>HRH Strategic plan 2012 (on-going)</td>
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Momentum in the pre-project period was reportedly weak due to low levels of political commitment, partly the result of limited awareness of the serious nature of the health workforce crisis. Professor Kingue, the Cameroon participant, acknowledged the value of the CCF process which was carried out under the auspices of the Health Sector Steering Committee and resulted in a major improvement.

Evidence of change: There has been a modest fourteen per cent increase in the number of trained midwives during the past nine years. This will accelerate as a result of eight new midwifery training schools opened in 2010 and a further two to be opened in 2012.
The programme process facilitated the establishment of a strong intersectoral working group of key stakeholders to oversee progress. It includes the Prime Minister’s office, the Ministries of Public Health, Higher Education, Labour, and Public Service and development partners.

Training of community health workers is scheduled to begin in 2012. There is keen interest to learn from Zambia’s experiences in training Community Health Assistants and a study visit is foreseen.

In-service Training has been strengthened and now includes onsite training for doctors and nurses in their health facilities as well as training in MCH Emergency Care in all District Health Centres of the country’s ten regions. The key stakeholders for this activity are the Ministry of Health, WHO, UNFPA, UNICEF, GIZ and French Development Cooperation.

**Contribution to stakeholder capacities:** The programme has resulted in much greater awareness of HRH issues in Cameroon and in-depth knowledge on the part of most stakeholders.

There is also better appreciation of the importance of the HRH administrative role in the processes of training, recruitment, management and development. This has been taken forward by two dedicated inter-ministerial committees (a) comprising Ministry of Health and Ministry of Higher Education which oversees training of doctors, pharmacists, dental surgeons and specialists as well as accreditation of training schools and (b) a committee responsible for the special recruitment of civil service personnel. The accreditation process includes closure of schools that did not conform to standards.

Improved stakeholder participation in HRH policy making has been achieved through the stakeholders forum mechanism; workshops convened to draft the HRH Development Plan involving WHO, GHWA and others; and creation of the Health Sector Steering Committee comprising representatives of the ministries of Health (Chair), Planning (Vice Chair) and Education as well as external partners. It is currently working on validation of the national policy on HRH and the HRH strategic plan. Partners include World Bank, WHO, GHWA, French Development Cooperation, GIZ, civil society and the private sector (both for-profit and not-for-profit).

**Project Methods:** The Cameroon representative strongly commended the programme methods, particularly the CCF process overseen by the Health Sector Strategy Steering Committee and supported by GHWA; capacity building seminars on HRH policy and management supported both by GHWA and WHO; and processes aimed at promoting ownership of the HRH policy and plan, particularly the close engagement and commitment on the part of development partners, including the EC delegation.

In addition the WHO Country Representative in Yaounde convenes regular meetings of external partners aimed at information sharing and advocacy of support for HRH issues. Together with the processes and mechanisms described above “Everybody knows what is going on.”
Particular mention was made of the difficulty of engaging representatives of the private sector who have been suspicious of government motives. Consequently the Ministry of Health undertook a focused advocacy campaign including public posters, radio and TV coverage. A special Key Stakeholders Forum was convened in 2010 involving more than 200 participants and experts with the aim of persuading private sector representatives of the value of their engagement. The principal topics included recruitment, retention schemes, training, management and performance monitoring.