How to Strengthen Ownership of the Code?

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EQUINET is a network of professionals, civil society members, policy makers, state officials in east and southern Africa that aims to advance and support health equity and social justice through

www.equinetafrica.org

Observations

- **Over the past three days we have heard messages of hope**

  - **DG' s determination**

  - **WB President è MDGs, including MDGs 4 & 5 were achievable within next 930 days**

- **Current focus on Health in the post-2015 Devt Agenda, through Universal Health Covering, with emphasis on equity and financial protection.**

- **Increasing investments globally in health and health issues, most especially in the developing world: $5.7 billion (1990) to $10.8 billion (2001), and approx. $28.1 billion by 2012.**

But………

- **Save the Children's Status of World Mothers:**

  - **Annually >1 million new born babies die on day 1.**

  - **98% of newborn and 99% of maternal deaths occur in developing countries, due to lack access to basic health care services.**

  - **Grim conditions for mothers and their children in the 10 bottom-ranked countriesinclude: on average, 1 woman in 30 dies from pregnancy-related causes and 1 child in 7 dies before 5 years.**

  - **The qualitative losses, including lost opportunities, human grief and despair, impaired economic growth and development are equally immense.**

- **A constant factor, among the most critical shortages experienced in the region is lack of access of skilled health professional**

The Code in the African Context

- **Africa's role in its development and adoption: prominent African voice and efforts**

- **What ha happened since?**

- **What has transpired since?**

- **Challenges**

- **Suggestions?**

Context

- **The situation remains largely unchanged, in spite of the gains: high burden of disease, low health worker density, low investment in health.**

- **No country in the region has the capacity to deliver UHC**

Implications of the Code

- **Greater global commitment to assist HRH crisis countries in efforts to improve and support their health workforce;**

- **Opportunities for joint investment in research and information systems to monitor the international migration of health workers in order to develop evidence-based policies;**

From the DG's Report

- **Nearly three years after the adoption of the Code, the coverage with designated national authorities is incomplete: the great majority of country reports originate from a single WHO region.**

- **Designated national authorities established in 84 countries, 75% located in MoH**

- **Reporting countries >80% of world population, in destination countries; only a minority of source countries**

- **32 countries reported steps towards implementing the Code**

- **51 countries had reported on implementation using WHO reporting template, 36 from WHO Euro**

- **WHO Afro: 13 with national authorities, 1 report (21/02/2013)**

Some Progress in the Region

- **The region has not been as inactive as the report may suggest:**

- **ECSA HC organised two meetings at which the Code was disseminated, and discussed among ESA countries, with a follow-up meeting a year later**

- **A number of countries with pre-existing bilateral agreements, e.g. – Kenya –Namibia; Kenya-Lesotho; South Africa-Tunisia; South Africa-Cuba; South Africa-SADC countries**

- **Some research to generate evidence on bottlenecks and success factors (EQUINET-ECSA GHD Programme of work)**

Challenges

- **Lack of preparedness, with no mechanisms in place for implementation.**

- **Poor mobilisation of national level stakeholders, including civil society**

- **Burn out- loss of steam**

- **Overburdened HR Dept overloaded with other issues, this was additional, with no support for the extra work**

- **High turnover of role players – e.g. Ministers, PSs, or HR management changed è no institutional memory.**

Success factors

- **Proactively disseminated the Code, early involvement of the HRH TWG/CCF mechanism**

- **Pre-existing arrangements, e.g. bilateral agreements upon which to build**

- **Active support from development partners - e.g. Norway working with Kenya to explore innovative training modalities**

- **Fast action after the WHA to set up designated authority**

What would it take?

- **Support to interpret the Code in country context, with a view to identify areas of focus, internalisation of the Code for action**

- **Vibrant civil society involvement - especially on advocacy for the Code, and initiate moves towards doing things "within the Code"**

- **Generation of evidence for action - where the Code has worked, why and how, to enhance shared learning**

- **Support from regional organisations - including WHO-AFRO, AU, ECSA, SADC, EAC, WAHO to foster continuing dialogue on HRH within the continent**

- **Emphasis on the role of HRH in all development, including the post-2015 dialogue.**

- **Stronger advocacy - from all sectors, including academia, civil society and the government sector technocrats as advocates for change.**

- **Political will to act decisively in the spirit of international cooperation.**

Suggestions

- **Countries evaluate and contribute to identification of the barriers/bottlenecks, thereby contributing to the solutions**

- **A resolve to implement the Code as is, according to agreed processes**

- **Greater advocacy by civil society for a central role of the Code**

- **More support by development partners for the SSA countries to internalise or domesticate the Code, and analyse it for alignment with the national programes**

- **WHO to assist in the implementation of the Code: clearer guidance will help**

- **Regional organisations such as ECSA HC, SADC, WAHO – mobilise the countries, as ECSA HC has already done**

Concluding Remarks

- **Missed targets: Alma Ata HFA 2000; MDGs by 2015.**

- **Post-MDG development agenda looming**

- **One constant since before 1978: lack of access to sound health care services, based on skilled health professionals, within functional health systems.**

- **The Code is a way in which Africa may comprehensively address the health worker puzzle.**

- **EQUINET is gratified to note that EQUITY is at the heart of the next development agenda.**

- **Equity è human face è morphs into that of a health worker.**

- **It is incumbent upon all of us, especially those from Africa, the region with the greatest challenge in HRH, to strengthen ownership of the Code and work within the Code for harmonised engagement with partners across the board.**