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NIGERIA PREVENTION AND ORGANIZATIONAL SYSTEMS - AIDS CARE AND TREATMENT PROJECT



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INSTITUTIONALIZING GOVERNMENT-LED CAPACITY STRENGTHENING OF HUMAN RESOURCES FOR HEALTH: THE CPHCE MODEL

Background

In 2006, the World Health Organization (WHO) identified Nigeria as one of 57 countries in the world facing a crisis in Human Resources for Health (HRH).¹ Among the many HRH challenges in Nigeria are shortages of trained health workers, poor distribution of health workers across urban and rural areas, poor mix of skills among the different cadres, and poor retention rates in the health workforce.

HRH challenges threaten the achievement of national priorities including HIV epidemic control and an AIDS-free generation. Having adequate numbers of trained and motivated human resources is critical to ensuring that people living with HIV/AIDS access the appropriate services at the right time and are effectively linked across HIV services and the continuum of care.

ABOUT PRO-ACT

The Prevention and Organizational Systems - AIDS Care and Treatment (Pro-ACT) project is a seven-year project (2009-2016) funded by the United States Agency for International Development (USAID) and implemented by Management Sciences for Health (MSH) in five Nigerian states: Niger, Kwara, Kebbi, Sokoto, and Zamfara. Pro-ACT strengthens the capacity of Nigeria's public, private, and community sectors for sustainable HIV/AIDS and TB prevention, control, care and treatment integrated within the health system.

The creation of the Center has really helped the State Ministry of Health. It has enabled us to have a database of readily available trainers who are domiciled in the state. We are now more confident in our technical ability to coordinate and conduct trainings without undue dependence on donors.

-- Dr. Abdullahi Usman Imam, Director, Medical Services and Trainings, Niger State Ministry of Health

In an effort to overcome HRH challenges in Nigeria, the United States President's Emergency Plan for AIDS Relief (PEPFAR) has committed significant resources to harmonize in-service trainings for healthcare workers through the standardization of training materials and the development of a cadre of master trainers. In-service trainings have been crucial for developing specialized skills among healthcare workers and improving their competencies to deliver comprehensive HIV/AIDS prevention, care, and treatment services. However, these capacity development initiatives have been largely driven and funded by PEPFAR and the US Agency for International Development (USAID) through implementing partners (IPs) and target only selected health facilities and service providers of interest.

Furthermore, Nigerian government agencies have had nominal involvement in these donor-led training efforts. They do not have a platform to coordinate state-wide trainings, and lack the capacity to plan, conduct, and sustain training activities for HRH.

In light of these circumstances and the need for sustainable, country-led approaches to address HRH gaps, the Prevention Organizational Systems - AIDS Care

and Treatment (Pro-ACT) project, funded by USAID and implemented by Management Sciences for Health (MSH), developed the Center for Health Professional Continuing Education (CPHCE) model to transition the Pro-ACT HIV/AIDS capacity development program to state government agencies.

Approach

In response to the lack of a sustainable framework for developing the capacity of service providers at the sub-national level, the Pro-ACT project, in partnership with five state governments, adopted a participatory and collaborative strategy to establish Centers for Health Professional Continuing Education. The process was supported with one-year seed grants and targeted technical assistance (Box 1) to the respective State Ministries of Health (SMoH). This approach was first piloted in Niger State in 2013 and, based on successful outcomes, was scaled up to the other four Pro-ACT implementation states in 2014: Zamfara, Kebbi, Kwara, and Sokoto.

The Centers, housed under the Medical Services and Training Department of each SMoH, were supported to

BOX 1. OPERATIONAL ELEMENTS OF THE CPHCE MODEL

- One-year seed grant (USD \$10,000) to SMoH for the establishment of the CPHCE.
- Facilitation of registration of the Centers as CME providers with the various professional health councils.
- HRH capacity gap analysis
- Capacity development of a multidisciplinary faculty
- Development of a performance monitoring framework
- Development of a HRH training management information system database
- Use of an integrated training curriculum and collaborative learning approach for all cadres of service providers.

attain the status of Continuing Medical Education (CME) providers with various professional health councils (Box 3) once they satisfied criteria and were endorsed by state professional health associations.

A CPHCE governing board comprised of representatives from the different professional health associations provides overall coordination of the Centers. Pro-ACT trained master facilitators from various cadres of health workers with expertise in tuberculosis (TB), HIV/AIDS, malaria, and project management. These master trainers became the multi-disciplinary faculty responsible for managing the trainings of the Centers, including developing training

curricula and training schedules for continuous in-service training, re-training, and collaborative learning among the different cadres of health workers in HIV/AIDS, TB, malaria, and project management, as well as contributing to pre-service training curricula for health workers on the management of HIV/AIDS.

Results

The CPHCEs were endorsed in all five Pro-ACT states by the professional health associations as CME providers. Box 2 provides an overview of results since their inception.

BOX 2. OVERVIEW OF RESULTS



3 of the 6 professional health councils (Medical & Dental Council of Nigeria, Medical Laboratory Science Council of Nigeria, and Environmental Health Officers Registration Council of Nigeria) have authorized the Centers to offer CPD credits for trainings conducted.



A governing board comprised of representatives from the different professional health associations was set up to provide overall coordination of the Centers.



The Centers have trained **80 master facilitators** on facilitation skills and adult learning.



5 training curricula, one per Center; have been developed that include modules on TB, HIV/AIDS, malaria, project management, and leadership.



During grant implementation period, the Centers supported the state governments in training **433 health care workers** (59 Medical Doctors, 83 Nurses and Midwives, 78 Medical Laboratory scientists, and 213 other Allied health professionals) to provide HIV and AIDS and other health services.



All Centers developed training **management information systems** for tracking and reporting improved service delivery using the national Standard Operating Procedures.

FOLLOWING CLOSE-OUT OF THE GRANTS



An additional 40 Medical Doctors were trained by the Center in Niger state with funding from the DFID-National Malaria Control Program.



All 5 Centers are still functioning, and there are **budgetary allocations** in the state budget for the Center. For example, Kwara state approved US\$19,000 in the 2015 state budget to sustain ongoing training activities of the Center.

BOX 3. CPHCE PARTNER HEALTH PROFESSIONAL COUNCILS IN NIGERIA

- Medical and Dental Council of Nigeria
- Pharmacists Council of Nigeria
- Nursing and Midwifery Council of Nigeria
- Medical Laboratory Science Council of Nigeria
- Community Health Practitioners Registration Board of Nigeria
- Environmental Health Officers Registration Council of Nigeria



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Recommendations

Recommendations for expansion of the model include:

- **Develop Operational Guidelines:** Produce supporting documents that provide clear and detailed procedures for undertaking specific actions by the Center, including registration as CME providers, engagement with HRH and professional health councils, setting up the governing board, and training faculty.
- **Advocate for the Practice:** Develop compelling advocacy briefs for targeted engagement with HRH and all relevant professional health councils to be involved through all the stages of strategic planning, and for the state government to advocate for budgetary allocations for the establishment of the Center.
- **Generate additional evidence to demonstrate sustainability:** Develop a business plan to demonstrate that the program is self-sustainable as a commercial entity.

Conclusion

The creation of the CPHCE is a promising approach to promote state ownership through the establishment of a centrally coordinated capacity development program at the sub-national level. The CPHCE model offers the following benefits:

- Has a sustainable capacity development program with the potential to reach more health workers.
- Improves the motivation of the health workforce through awarding CPD credits to the different cadres of health workers for trainings conducted.
- Fosters collaborative learning among all the different cadres of health care workers.
- Includes a training information management system for tracking key indicators.
- Strengthens links between in-service trainings, pre-service education, and continuing professional development for consistency in learning approaches.

The CPHCE model has demonstrated cost-effectiveness and is sustainable, replicable, and scalable for the training and re-training of professional health workers for enhanced performance and sustained improvement of health outcomes in Nigeria. The establishment of Centers through a highly collaborative process has served to improve the institutional capacity of states to own, manage, and coordinate continuous in-service trainings and re-training of health workers. Solutions such as this, which invest in local mechanisms and build the capacity of state institutions to address HRH challenges, are critical to sustaining HIV services in the face of declining external funding. ■

References

1. The World Health Report 2006; Working Together for Health. pp. xviii.

Additional information can be obtained from:

Med Makumbi, Project Director, Pro-ACT Project, mmakumbi@msh.org
Management Sciences for Health, Abuja, Nigeria, www.msh.org

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