

# GHWA newsletter

## IN THIS ISSUE

NEWS // 9<sup>th</sup> ALLIANCE BOARD MEETING .1 / CODE OF PRACTICE ON AGENDA FOR WHA63 .2 /  
IN BRIEF // HEALTH DATA - CALL TO ACTION .3 / LAUNCH OF NEW MASTERS DEGREE PROGRAMME .3 / REPORT ON IMF POLICIES ON HRH .3 / PEPFAR, IHP+  
SYNTHESIS REPORT .4 / ALLIANCE YOUTUBE CHANNEL .4 / BBC WORLD BROADCASTS NEW DOCUMENTARY .4 /  
NEWS FROM THE ALLIANCE TASKFORCES AND WORKING GROUPS // MEETING OF THE HEALTH WORKFORCE INFORMATION REFERENCE GROUP (HIRG) .5/  
MEETING OF THE TECHNICAL WORKING GROUP ON UNIVERSAL ACCESS FOR HIV/AIDS .5/  
MEMBERS IN THE SPOTLIGHT // AMREF AND VSO ADVOCACY EVENT .5/ PPE CAMPAIGN COUNTRY PROJECTS .5/ NEW WORLD BANK REPORT .6/  
ANNOUNCEMENTS // YOUNG RESEARCHERS COMPETITION .6/ G8 HRH ACCOUNTABILITY PROJECT .6/ GLOBAL FUND ROUND 10 .7/ LANCET CALL FOR PAPERS .7/  
VOICES // .7 /  
GHWA ASK // INTERVIEW WITH PROFESSOR KEIZO TAKEMI, ALLIANCE CHAMPION .8 /  
FEATURE // MENDING BROKEN BONES IN HAITI: MADELEINE AND DR. JIM .9 /  
SAVE THE DATE .10 / HIGHLIGHTS ON THE WEBSITE .10/

## MESSAGE FROM THE EXECUTIVE DIRECTOR



Dear readers,

I would like to thank you for your sustained commitment in putting the health workforce issues on the global development agenda.

The Alliance started the year 2010 with a successful 9<sup>th</sup> Board meeting in Bangkok, in early February. Preparations for the landmark 2<sup>nd</sup> Global Forum on Human Resources for Health are well underway. The 2<sup>nd</sup> meeting of the forum steering committee will take place in early April to finalize the themes and branding of the Forum, among other issues. We are also continuing with our Communities of Practice discussions. The topic for the next planned discussion is “mid-level health workers”. I urge you to take part and share your views. The Alliance has also recently

set up its YouTube channel, which houses a collection of videos relating to the health workforce shortages. Please feel free to send us your HRH videos for inclusion.

The recent earthquakes in Haiti and Chile have once again underlined how the health workforce and infrastructure are often the first and hardest hit during natural disasters, leaving devastating knock-on effects for populations. We must seize the given opportunity, especially during the crucial recovery and transition period to build back better health systems, strengthen support to health workers and gather additional resources to make all health facilities safer for all people. Accelerated efforts will continue to be required to make sure that the opportunity is not missed. We look forward to your support and encouragement.

Dr Mubashar Sheikh ■

## NEWS

### 9<sup>TH</sup> BOARD MEETING REFLECTS ON RENEWED STRATEGY FOR THE ALLIANCE

Alliance Board members came together for the 9<sup>th</sup> Board Meeting (held in Bangkok in February) to review achievements of the Alliance, and to provide timely guidance on the way the Alliance and its members are responding to the ever-growing public health demands brought on by the global health workforce crisis.

Against a backdrop of new global crises, and in order to respond to the changing landscape in human resources for stronger health systems, the Board deliberated on a set of renewed strategic directions for the Alliance for 2010 and beyond. The new directions propose to advocate for critical human resources for health (HRH) needs to achieve the Millennium Development Goals (MDGs) by

Continued on page 2.



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2015 taking account of the growing globalized nature of health personnel shortages, and at the same time, to urgently make difference in priority countries with crisis-level gaps in health workforce needs.

The 9<sup>th</sup> Board Meeting also discussed current initiatives, in line with the implementation of the *Kampala Declaration and Agenda for Global Action*, including the global report and consultation on the role of community health workers, development of HRH profiles for priority countries, and strategies for the 2nd Global Forum scheduled to take

place in January 2011. A field trip to Thai medical facilities was also organised for Board members.

The Board welcomed the ongoing process on the development of the Code of Practice on international recruitment of health personnel and congratulated the WHO Executive Board for submitting the draft Code to upcoming World Health Assembly.

The Alliance takes the opportunity to acknowledge the support and assistance provided by the Thai Ministry of Health in organising the Board meeting. ■

## DRAFT CODE ON INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL ON AGENDA FOR WHA63



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The 126<sup>th</sup> Session of the WHO Executive Board has discussed a revised draft of the Code of Practice for international recruitment of health personnel and submitted it for deliberation and possible adoption by Member States at the 63rd World Health Assembly to be held in May 2010.

The draft global Code of Practice is being developed through a multi-stakeholder consultation process. In May 2007, the Alliance convened and facilitated the Health Worker Migration Initiative that worked with WHO in support of developing a framework for the draft Code. During the First Global Forum on Human Resources for Health in March 2008, the Alliance endorsed the *Kampala Declaration and Agenda for Global Action*.

In these documents, effective management of growing migration of health workers and the acceleration of a Code of Practice on the international recruitment of health personnel were identified among the fundamental action strategies. After a consultative process, which included a web-based public hearing in September 2008, a first draft was submitted to the 124<sup>th</sup> Executive Board in January 2009.

Following this, discussions took place at all six WHO Regional Committees and more national consultations. The UN ECOSOC meeting and the G8 Summit in July 2009, and the UN General Assembly in December 2009 encouraged WHO to finalize a Code of Practice.

At the 126<sup>th</sup> Executive Board discussion on the Code in January 2010, while expressing an increasing support for the Code, the Member States offered a set of amendments to its current text, which are to be consolidated and made available for participants of the upcoming World Health Assembly. Also, a public letter signed by 25 international NGOs was sent by the Health Workforce Advocacy Initiative (HWAI) to the WHO Director General, stressing the importance and the urgent need for such a global Code.

Going forward, as the nature of the draft Code requires global collaboration and information sharing, the Alliance encourages all WHO Member States and partners to work together in implementing the Code once adopted by the Assembly. ■

## IN BRIEF

### CALL TO ACTION ON HEALTH DATA AT THE GLOBAL HEALTH INFORMATION FORUM, BANGKOK

Champions of better health information from 80 countries came together at the Global Health Information Forum in Bangkok January 2010, to adopt a *Call to Action* to improve and strengthen health information systems at global, national and local levels.

The *Call to Action* notes that the current state of country health information systems are inadequate and fails to meet the needs of decision-makers, affirming the critical importance of health information systems in improving effectiveness of health spending

and achieving equitable distribution of health outcomes globally, nationally and locally.

The *Call to Action* goes on to define a number of principles to guide future progress on health information, including transparency of data, good governance, investment, capacity building, harmonization and integration. More information is available at [http://www.pmaconference.org/index.php?option=com\\_content&task=view&id=201&Itemid=148](http://www.pmaconference.org/index.php?option=com_content&task=view&id=201&Itemid=148). ■

### THE UNIVERSITY OF GENEVA AND WHO TEAM UP IN A DISTANCE MASTERS DEGREE PROGRAMME FOR FRANCOPHONE AFRICA

A letter of agreement was recently signed between the University of Geneva and WHO to launch a new *Masters Degree Programme with an emphasis on Health Workforce Development in Francophone Africa*. The Masters Programme is designed to provide highest medical education to francophone students in Africa through distance learning with the support of inter-country networks of personnel trained in health workforce management and capable of acting as local academic mentors. This initiative, which is co-funded by the University of Geneva and the Global Health Workforce Alliance GHWA, will not only build alliances to strengthen public health education in francophone Africa, but also fill an important human resource gap by producing competent health personnel. ■



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### REPORT ON THE IMPACT OF INTERNATIONAL MONETARY FUND (IMF) POLICIES ON THE HUMAN RESOURCES FOR HEALTH CRISIS IN DEVELOPING COUNTRIES



Action for Global Health in the UK, together with the Stop AIDS Campaign, have recently released a report on the impact of International Monetary Fund (IMF) policies on the human resources for health crisis in developing countries. The report, titled *The IMF, the Global Crisis and Human Resources for Health: Still Constraining Policy Space* examines evidence from IMF

programmes in nine countries, chosen based on their HIV prevalence rates.

The main conclusions of the report are:

- Despite IMF rhetoric that it is now more flexible, its policies in programme countries still lead to tight macroeconomic practices which restrict governments' ability to invest in public health.
- While the IMF has relaxed fiscal and inflation targets in some of its programmes, this flexibility is likely to be short-lived.
- The signalling effect of the IMF's macroeconomic assessments means it continues to wield a disproportionate influence over low-income countries, making them reluctant to deviate from IMF policies and goals even if there is the flexibility to do so.

The full report can be viewed and downloaded: <http://www.actionforglobalhealth.eu>. ■



## PEPFAR, IHP+ REVIEW ACTION TO PROPOSE CRITERIA FOR SUCCESS

PEPFAR and IHP+ have recently released a synthesis document reviewing progress on their collaboration with the respective Ministries of Health in Ethiopia, Kenya, Mozambique and Zambia. *The Kampala Declaration and Agenda for Global Action* have been used as a framework for review of the four country reports. The synthesis paper, entitled *Taking Forward Action on Human Resources for Health in Ethiopia, Kenya, Mozambique and Zambia: Synthesis and Measures of Success*, outlines six measures of success to strengthen national HRH strategies and reduce the gap in health workforce shortages.

These are:

- supporting comprehensive, costed health workforce plans consistent with broader goals;

- strengthening human resources information systems and workforce surveillance;
- enabling the training, deployment and retention of a jointly-agreed targeted number of additional health care workers by 2013;
- monitoring the distribution of the active health workforce;
- tracking workforce movement into and out of the national health sector; and
- reviewing fiscal space for health following the principles of the Paris Declaration and the Accra Agenda for Action.

You can access the synthesis document from

[http://www.who.int/workforcealliance/knowledge/publications/partner/tfa\\_synthesis.pdf](http://www.who.int/workforcealliance/knowledge/publications/partner/tfa_synthesis.pdf) ■

## LAUNCH OF THE ALLIANCE YOUTUBE CHANNEL

The Global Health Workforce Alliance recently launched a dedicated YouTube channel focusing on health workforce issues. We invite you to join the community. Videos on the channel can be shared through YouTube's networking tools (subscriptions, add as friend, favourite videos, rating videos, etc.) We encourage all Alliance members, partners and organizations working to resolve HRH crisis to contribute to the channel, by accessing it at

<http://www.youtube.com/user/ghwavideos>. ■



## BBC WORLD BROADCASTS NEW DOCUMENTARY “DOCTORS AND NURSES”



Dr Brian Kubwalo, a Malawian doctor working in Manchester, UK, who embarks on a personal quest to

BBC World News documentary series “Kill or Cure”, has broadcast a new documentary “Doctors and Nurses” featuring struggles of health workers in both developed and developing countries. The film, produced by Rockhopper TV, portrays a real-life journey of

find out whether he should go back to his native Malawi or stay in Manchester, where he can provide better future for his children. Focusing on constraints such as heavy workload and low wages for health workers in countries such as Malawi and Pakistan, the film also raises alarm bells on the true global nature of health worker shortages that are experienced in developed countries as well. The production of the documentary was supported by the Alliance for its importance of telling the story of human resources of health constraints to global audiences. The documentary can be viewed on the Alliance YouTube Channel. Organizations wishing to receive copies of the DVD for advocacy and educational purposes can email their requests to [ghwa@who.int](mailto:ghwa@who.int). ■

## NEWS FROM THE ALLIANCE TASKFORCES AND WORKING GROUPS

### MEETING OF THE HEALTH WORKFORCE INFORMATION REFERENCE GROUP (HIRG)

The Health Workforce Information Reference Group convened by the Global Health Workforce Alliance, WHO Department of Human Resources for Health and Health Metrics Network, held its first meeting from 10 - 12 March in Montreux, Switzerland. Participants shared and reached consensus on strategies to improve availability, quality and use of data and statistics on health workforce. The meeting was also an opportunity

to share achievements related to health workforce information undertaken by the various partner agencies and institutions. It provided an opportunity to take stock of existing tools and references on collation, analysis and synthesis of HRH data and evidence, as well as of sharing updates on activities for strengthening HRH information systems in countries and regions. ■

### MEETING OF THE TECHNICAL WORKING GROUP ON UNIVERSAL ACCESS FOR HIV/AIDS

The Technical Working Group on Universal Access for HIV/AIDS met for three days from 23 to 25 March to discuss and review the results of rapid situational analyses on HRH for HIV/AIDS treatment, prevention, care and support programmes in five countries (Côte d'Ivoire, Ethiopia, Mozambique, Thailand and Zambia). Participants also reached agreement on key messages

that should become the primary content of the final report of the working group, which they plan to launch at the XVIII International AIDS Conference in Vienna, Austria in July 2010. Participants included members of the field teams from the five countries and the technical working group members. ■

## MEMBERS IN THE SPOTLIGHT

### AMREF AND VSO TO HOST A FORUM TO GENERATE POLITICAL COMMITMENT IN UK

AMREF[UK] and VSO will hold a joint HRH advocacy event, *Human Resources for Health – How can we strengthen the UK response*, on 9 April 2010 at the Royal College of Nursing, in London. With Government elections scheduled for May 2010 and with lack of attention towards health in the Conservative party's strategy, one of the immediate objectives of the event is to lobby for the HRH issues to be reflected in the Conservative Agenda. The broader rationale of the meeting is to generate political momentum and commitment in the UK around the health worker crisis in the lead up to the G8 and G20 meetings, the UN MDG Summit and the Second Global Forum on HRH. Some of the speakers at the event include: Jim Campbell (DFID), Nick Banatvala (DoH), Peter Ngatia (AMREF), Theresa Bagrey (Nurse – VSO, Sierra Leone), Frances Day-Stirk

(ICM), Susan Williams (Royal College Nursing) and Fiona Campbell (Merlin). ■



### POSITIVE PRACTICE ENVIRONMENT (PPE) CAMPAIGN COUNTRY PROJECTS

The Positive Practice Environments Campaign has recently announced new campaign projects for Uganda, Zambia and Morocco. Researchers have been contracted in each country to write a case study that will explore the current key issues determining the country's HRH situation with particular attention to practice environments, recruitment and retention of its health

workforce. The case studies will identify initiatives employed to address these main issues, and will identify knowledge gaps for future in-depth research as well as recommendations for future action. In addition to this, a National PPE Coordinator and a National Steering Committee are being appointed in each country to direct country-level PPE implementation. ■

## NEW WORLD BANK REPORT CITES MIGRATION AS KEY TO HEALTH WORKER SHORTAGE

According to the recently launched World Bank report, *The Nurse Labor and Education Markets in the English-Speaking CARICOM - Issues and Options for Reform*, the CARICOM region is facing a rapidly growing shortage of nurses due to the migration of nurses to higher paying jobs in Canada, the UK and the US. These shortages across the region are limiting access and quality of health services and affecting the Caribbean's competitiveness.

The World Bank estimates that there are 7,800 nurses working in the English-speaking CARICOM, or 1.25 nurses per 1,000 people, roughly one-tenth the concentration in some OECD countries. In addition,

demand for nurses exceeds their supply throughout the region: 3,300 or 30 percent of all positions in the sector were vacant at the time of the study. The report also shows that between 2002 and 2006, more than 1,800 Caribbean nurses left the region to work abroad.

The key policy recommendations outlined in the report are that Caribbean countries should increase training capacity; manage migration by taking steps such as leveraging the expatriate community, mentoring, staff exchange and adopt codes of practice for international recruitment. The report is available at:

[www.worldbank.org/lac](http://www.worldbank.org/lac). ■

## ANNOUNCEMENTS

### YOUNG RESEARCHERS COMPETITION - HEALTH SYSTEMS RESEARCH: TOWARDS UNIVERSAL HEALTH COVERAGE

Researchers, policy-makers, funders, and other stakeholders representing diverse constituencies will come together at the First Global Symposium on Health Systems Research (HSR) - *Science to Accelerate Universal Health Coverage*, in Montreux Switzerland from 16- 19 November 2010. To this end, an essay competition is being organized (by HSR, The Global Forum for Health Research and The Lancet ) for young researchers on the theme: *Health systems research: towards universal health coverage*. Topics include: Political economy of universal coverage; Health system financing; Scale-up of health services; Knowledge translation. Deadline



for submissions is 17 May 2010. More information is available at: <http://www.hsr-symposium.org/index.php/young-researchers-call>. ■

### JOIN G8 HRH ACCOUNTABILITY PROJECT!



The Health Workforce Advocacy Initiative (HWAI), a coalition of civil society organizations affiliated with the Alliance, is seeking assistance in holding G8 countries accountable for their HRH commitments.

For the last several years, DATA and now the ONE Campaign, has produced the DATA Report (see 2009 report: <http://www.one.org/international/datareport2009/index.html>), which provides summary information on G8 commitments on development and global health and their progress towards meeting these commitments. The plan is to produce a similar

report but focus exclusively on HRH promises and G8 country efforts to keep these promises. The report and its country specific sections could be utilized for policy advocacy at major upcoming events such as the G8 and G20 meetings, UN summit on MDGs and the 2nd Global Forum on HRH in January 2011. The aim is to establish country teams for each of the G8 nations to research and write up information on what commitments and activities are underway to address HRH and respond to G8 commitments. Interested organizations and individuals from G8 countries wanting to join a particular country team should contact Eric Williams, HWAI at [ewilliams@phrusa.org](mailto:ewilliams@phrusa.org) , tel: +1 202 728 53 35 ext. 305; mobile +1 202 255 2205. ■

## FLAGGING GLOBAL FUND ROUND 10 – SIGNIFICANT OPPORTUNITY FOR HRH/HSS INVESTMENTS

The launch of the next round of the Global Fund to Fight AIDS, Tuberculosis and Malaria nears, and with it, a significant opportunity to secure additional funding for human resources for health (HRH) and system-wide health system strengthening (HSS) efforts. Round 10 of the Global Fund is expected to be launched in May 2010 (check the Global Fund website <http://www.theglobalfund.org/> for updates on timing). In preparation for Round 10, we recommend that HRH stakeholders engage one another and their country's Country Coordinating Mechanism (CCM) to discuss how HRH and other health systems strengthening activities

can be included in the Round 10 proposals. You can find names and contact information for your country's CCM members through your country page on the Global Fund website (<http://www.theglobalfund.org/>). You can learn more about the Global Fund and its support for health systems through the Toolkit for Using Round 9 of the Global Fund for Health Systems Strengthening (<http://physiciansforhumanrights.org/hiv-aids/globalfund-round9.html>), developed by the Health Workforce Advocacy Initiative (HWAI) in collaboration with Health Systems 20/20. Please note that some of this material may require updating for Round 10. ■

## LANCET CALL FOR PAPERS ON THE HEALTH-RELATED MDGS

To mark UN High Level meeting on MDGs, which will take place in New York, on 20- 22 Sept, *The Lancet* is issuing a call for papers on progress made towards achieving the health-related MDGs. They are especially interested in receiving original research, country case-studies, programme evaluations, and health-policy papers that

will help build the evidence base to accelerate efforts towards 2015. Deadlines for submission of articles is June 25, 2010. For more information, please see: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)60414-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60414-X/fulltext). ■

## VOICES



- “As president of the G-8, Canada will champion a major initiative to improve the health of women and children in the world’s most vulnerable regions. There are indications that other members of the G-8 share our concern and would be receptive to such a proposal. It is therefore time to mobilize our friends and partners to do something for those who can do little for themselves, to replace grand good intentions with substantive acts of human good will.” - **Prime Minister Stephen Harper of Canada at the World Economic Forum, Davos, January, 2010**



- “The ambitious plans for the [Indian] health sector cannot be realized unless there is a substantial expansion in the number of health care professionals. I believe we will have to look at creative ways of utilizing the services of practicing professionals to overcome the shortage of teachers in this vital sector”. - **Indian Prime Minister Dr. Manmohan Singh at the annual meeting of the Indian Association of Cardiovascular—Thoracic Surgeons in New Delhi, February 2010.** ■

## JOIN OUR NEXT ONLINE DISCUSSION ON MID-LEVEL HEALTH WORKERS!

As part of wider knowledge brokering activities, the Alliance continues to support a virtual global discussion forum for a community of practice called HRH Exchange, where topics relating to human resources for health are discussed among experts, practitioners and policy makers. The next topic to be discussed is “mid-level health workers”, which was identified by community members. Learn more, and share your experience and knowledge, about the potential of mid-level health workers to address health workforce shortage and maldistribution by joining the online discussion. The discussion will take place from 4 - 18 May (these are tentative dates, so please make sure to consult our website for updates).

If you are not already a member of HRH Exchange you can quickly and easily join by registering at <http://my.ibpinitiative.org/public/Register.aspx?c=d23657d3-0a7e-476c-a1b3-edc4923e321d> ■



## GHWA ASKS

### PROFESSOR KEIZO TAKEMI: CHAMPIONING THE WORKFORCE FOR STRONGER HEALTH SYSTEMS



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*Professor Keizo Takemi has been a leading voice for health systems strengthening for many years. He has recently been appointed a member of the Group of Champions for the Global Health Workforce Alliance. Alliance Communications caught up with Professor Takeimi after his keynote speech at the Prince Mahidol Award Conference 2010 and the First Global Forum on Health Information in Bangkok, Thailand.*

**Professor Takemi, you have just delivered a powerful keynote speech on health information. What are the key linkages between health information and health workforce issues?**

Over the past couple of years, much effort has been made in strengthening health systems with a view towards achieving broader development goals. A strong health system can be built if we can nurture the three key building blocks: financing, information systems and health workforce. In my view, the financing is going forward, thanks to many new initiatives flourishing, such as the High-Level Task Force, US/UK announcements, UNITAID, Global Fund etc. Health information is the key element for good policies, which is the reason we are holding the First Global Information Forum today. Finally, health workforce is the decisive factor for provision of good health care to our populations. I advocate for health workforce, but also for financing and information systems, because in order to build stronger health systems, we need to improve all three building blocks in an inter-linked, but isolated, manner.

**How have you personally encountered the health workforce issues, and what is your view on the next steps in this regard?**

I visited Zambia and I was very surprised to find out that only one medical school was producing 2500 doctors, of which only 600 doctors remained in the country. This is the same story in many other countries in terms of availability of health workforce. It is very clear that we cannot deliver good health to the population and achieve the MDGs with this scale of health workforce.

Therefore, health workforce issues need to be seen as a key factor for achieving the MDGs. At the First Global Forum on Human Resources for Health in Kampala in 2008, great enthusiasm and energy was generated to push the importance of the health workforce agenda. But it is often quite difficult to sustain this level of energy after such big events. We need to keep pursuing as we move towards the Second Global Forum in 2011, simply because the health workforce is one of key bottlenecks as well as opportunities to achieve stronger health systems.

**You have been also the powerful negotiator for the G8 commitments on health workforce issues in 2008?**

I studied international politics and later worked as the State Secretary of Foreign Affairs. Under the cabinet of Prime Minister Obuchi, I was appointed as the Senior Vice Minister for Health, Labor and Social Welfare. Following the 2007 commitments by [UK] Prime Minister Gordon Brown for IHP and the WHO Report on health systems “Everybody’s business”, it has become very clear that the health systems approach is key to achieving better health outcomes in developing countries. The Global Forum in Kampala defined the critical framework for health workforce agenda in March 2008. And with Japan hosting the G8 Summit and the TICAD IV (Tokyo International Conference on African Development), it has become very apparent that the focus on health systems can be very beneficial in further agenda-setting in global health. We achieved a good set of commitments and support from many stakeholders, including the G8 and H8. Here, Japan’s own experience before and after World War II also played a role. We know from our experience that if we can provide well-qualified and motivated health workers, we can achieve immediate improvements in health and well-being of people.

**Following commitments, now in 2010, what remains to be done to achieve better results in health workforce?**

Unfortunately, politically speaking, the health systems approach is not very sexy. We need to keep making efforts to maintain the issue on the political agenda. We are entering a new phase now, and we have to get very serious about keeping the momentum on the issue. We need to encourage all stakeholders to join in, but we need to move forward in a comprehensive manner, focusing on health workforce as a critical entry point to building stronger health systems. ■



## FEATURE

### MENDING BROKEN BONES IN HAITI: MADELEINE AND DR. JIM

This section features a story by Emily Bell of Merlin. Emily is Project Coordinator, based in Haiti. Here she writes about a remarkable connection between a doctor and a patient at Merlin's field hospital in Port-au-Prince. For more information on Merlin and their work in Haiti, visit: [www.merlin.org.uk](http://www.merlin.org.uk)

Unusual connections are forged in the wake of disasters. Take Madeleine and Dr Jim. On 11 January 2010, both were going about their everyday lives - Madeleine as a vendor of beauty products on the streets of Port-au-Prince, Haiti, and Jim as a consultant Plastic Surgeon at Cork University Hospital in southern Ireland. Two very different lives, being led in two very different corners of the globe. Yet, a few weeks later, Madeleine and Jim had formed a touching doctor-patient relationship that both will remember for many years to come.

Haitians these days tend to refer to their lives 'avant le 12 janvier' (before 12 January) or 'depuis le 12 janvier' (since 12 January). Madeleine is no exception. 'Avant', she lived with her husband, a security guard for an agricultural firm, and her two teenage children in Cité de Soleil - a vast and overcrowded slum in the north of Port-au-Prince, best known for its crushing poverty and rampant violence. Despite its bad name, Madeleine says that her family had a happy life in 'Sun City' - her children were in school, and she could scrape together as much as 150 Haitian dollars (\$19) daily from selling soap, make-up and moisturizer to Haitian women. 'Avant', Madeleine was a healthy and happy 45-year old lady, who didn't go to the clinic if she felt unwell and had never been hospitalised.

On 12 January, in the moments leading up to the earthquake, Madeleine was sitting next to her tray of wares in the shade of a church wall in the Pétionville area of Port-au-Prince. She remembers that the street was deserted. When the ground started rumbling, Madeleine stumbled to her feet, but before she had time to go anywhere she had been knocked to the ground by the church wall which was collapsing all around her. Unlike so many others, Madeleine's life was spared, but the falling concrete crushed her right leg, leaving her partially buried on the side of the road with an open fracture.

Although Madeleine was rescued within an hour by passers-by and driven to a nearby hospital, it would take far longer for her to receive the medical care she needed. The hospital where she found herself had partially collapsed in the earthquake. When she was discovered there early the next morning by her brother-in-law, she had received little more than basic wound care. He loaded her into a wheelbarrow and wheeled

her back to Cité de Soleil, where she found that her husband and children were safe, but her house was destroyed. Madeleine's family tried to make her as comfortable as possible under a simple shelter of plastic sheeting, however the extent of her pain meant that within a day she was back in the wheelbarrow and looking for relief.



© Emily Bell / Merlin

It was over three weeks later on 4 February when Madeleine was admitted at the Merlin field hospital in Delmas 33, where she was referred by an American organization called Heartline. Plastic Surgeon Jim Clover, 37, explains that at Delmas 33, Madeleine underwent fixation of her bone and skin grafting. In layman's terms, Madeleine had a kind of scaffolding device known as an 'external fixator' fitted to her leg, achieved by drilling pins into the broken bone and realigning it - a straight forward plaster of Paris would not do because of the complexity of her injuries. Skin was removed from her thigh and then grafted over the deep open wound on the same leg.

Madeleine's treatment was initially not as successful as Jim would have liked as her wound reopened, necessitating further reconstructive surgery. Jim remembers explaining to Madeleine at this time that there was no guarantee that the surgery would be successful, and that amputation was the last resort. Madeleine told Jim that she was the main breadwinner for the family, that without her leg her whole family would suffer. Finally, thanks to the expertise of the surgical team, Madeleine did not have to face this future. On 5 March she returned to Heartline, where she remains until today for review and wound dressings.

Jim didn't know what to expect before he arrived in Haiti, he just knew that he wanted to make good clinical decisions and provide 'the best possible opportunities to the people we're looking after.' His young son back in Ireland had a slightly more basic, but still fundamentally correct, idea of what his dad would be doing - 'going to help people whose houses have fallen down.' ■

## SAVE THE DATE

### April

- 19 - 21 Apr Geneva Health Forum, Geneva, Switzerland
- 19 - 21 Apr 9<sup>th</sup> Annual Global Philanthropy Forum Conference, San Francisco, USA
- 29 - 30 Apr Global Consultation on Community Health Workers, Montreux, Switzerland

### May

- 3 - 5 May CCF Consultation for Latin America, El Salvador
- 10 - 12 May International Migration Advisory Council Meeting, Madrid, Spain
- 13 - 14 May Chief Nursing Officers' Conference, Cardiff, Wales
- 17 - 22 May World Health Assembly, Geneva, Switzerland

### June

- 31 - 1 Jun Workshop to develop ways to better measure HRH migration (OECD / WHO), Paris, France
- 7 - 9 Jun Women Deliver Conference 2010 and Countdown to 2015, Washington DC, USA
- 9 - 11 Jun International Conference on Research in Human Resources for Health, Rio de Janeiro, Brazil
- 14 - 18 Jun Global Health Council Conference, Washington DC, USA
- 25 - 27 Jun The G8/20 Leaders Summit, Huntsville, Ontario, Canada
- 29 - 30 Jun 10<sup>th</sup> Alliance Board Meeting, Geneva, Switzerland.

### July

- 18 - 23 Jul XVIII International AIDS Conference, Vienna, Austria

## HIGHLIGHTS FROM THE WEBSITE

- **New Case Study: Scaling Up Education and Training of Human Resources for Health in Ethiopia. Moving towards achieving the MDGs:** In line with the Alliance strategic plan to promote countries' efforts to address the HRH crisis, Ethiopia has been rapidly and extensively scaling up the pre-service education and training of its human resources. The case study is available at: [http://www.who.int/workforcealliance/knowledge/case\\_studies/ethiopia\\_casestudy\\_2010/en/index.html](http://www.who.int/workforcealliance/knowledge/case_studies/ethiopia_casestudy_2010/en/index.html)
- **Updated members and partners profile page:** The Alliance has recently welcomed 27 new members. Some have provided us with content for their profile pages, links of which can be found on our website. <http://www.who.int/workforcealliance/media/news/2009/memberlaunch/en/index.html>
- **Alliance "champions" section:** We are proud to be working with a group of "Champions" who are prominent people from the health and development community who agreed to contribute their knowledge, wisdom and leadership towards highlighting the essential role of health workers. To learn more about Alliance champions, please see [http://www.who.int/workforcealliance/about/spec\\_advocates/en/index.html](http://www.who.int/workforcealliance/about/spec_advocates/en/index.html)

## TO LEARN MORE ABOUT THE ALLIANCE PLEASE CONTACT:

The Global Health Workforce Alliance  
World Health Organization  
Avenue Appia 20  
1121 Geneva 27  
Switzerland  
Tel: + 41.22.791.2621  
Fax: + 41.22.791.4841  
E-mail: [ghwa@who.int](mailto:ghwa@who.int)  
[www.who.int/workforcealliance](http://www.who.int/workforcealliance)



The Global Health Workforce Alliance is a partnership whose secretariat is hosted by the World Health Organization.

This quarterly newsletter has been compiled by the Alliance communications team.

For further information and regular updates, we invite you to visit [www.who.int/workforcealliance](http://www.who.int/workforcealliance)

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