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Population Council's support for Nigeria's third national Human Resources for Health conference and efforts to institutionalize HRH conferences in Nigeria

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INTRODUCTION

The Population Council, in partnership with WHO, provided support for Nigeria’s third National Human Resources for Health Conference in 2017, in addition to promoting its institutionalization.

The third national conference’s theme was “Strengthening Human Resources for Health Towards Revitalization of Functional Primary Healthcare Centers in Nigeria.” The national human resources for health (HRH) conferences are planned and executed in collaboration with partners and stakeholders engaged in HRH activities across the country who also constitute the National HRH Forum.

In addition to planning and implementing the third national HRH conference, the Population Council began to promote efforts to institutionalize national HRH conferences as possible annual events.

BACKGROUND

Nigeria’s Federal Ministry of Health (FMoH) had convened two prior national HRH conferences, the first in 2011. One of the most crucial elements in strengthening the country’s health system is HRH, or the health workforce. The Nigerian government has introduced a number of initiatives in recent years, from Primary Healthcare Under One Roof (PHCUOR) in 2011 to the more recent Primary Healthcare Revitalization Scheme in 2017, but many of these initiatives will succeed only if the country’s health workforce is sufficient. Strengthening the health workforce is a crucial step, and this strategic approach formed the main impetus of the third national HRH conference in 2017.

PLANNING AND IMPLEMENTATION STRATEGY

The Council supported and attended three National HRH Forum meetings, beginning in the last quarter of 2016 until the first quarter of 2017, to discuss planning for the third HRH conference. A technical working group of representatives from various HRH implementing partners was formed to guide and advise the planning of the conference. The technical working group subsequently proposed a steering committee to organize and plan the conference.
In addition to the Steering Committee, specific committees formed included a Technical Committee, Logistics Committee, Resource Mobilization Committee, and Communication Publicity and Protocol Committee. The Population Council was nominated for each of these committees, and was a key supporting partner of FMoH for the conference’s planning and implementation.

THE THIRD NATIONAL CONFERENCE

After rigorous planning and preparation, the third National HRH Conference was successfully convened in Abuja on July 18th, through 20th, 2017. It was chaired by the Minister of State for Health, Dr. Osagie Ehanire. The Population Council, working as part of the HRH project, provided both technical and financial support.

Attendees of the Third National HRH Conference

In addition to technical support for its implementation, the Population Council also provided funding support for about 101 conference participants and delegates. This support included sponsorship for 30 and 27 delegates, respectively, from Bauchi and Cross River states. In addition, attendance by the commissioners of Health, permanent secretaries, directors of Planning for Research and Statistics, HRH focal persons, and State Primary Healthcare Development Agency (SPHCD) executive chairs from 12 non-HRH project focus states—including Akwa Ibom, Abia, Adamawa, Anambra, Bayelsa, Edo, Ekiti, Enugu, Ondo, Oyo, and Plateau—was also supported by the Council. Delegates from these states would likely not have attended without the financial and logistical support of the Council.

In addition, the attendance of eight conference resource persons, along with nine researchers with abstracts or papers accepted for presentation, was also supported. A formal communiqué was subsequently shared with the public, outlining the conference resolutions.

CONFERENCE OUTCOMES

The Population Council subsequently supported both Cross River and Bauchi states, as well as FMoH, in implementing resolutions from the conference communiqué, such as implementing the Task Shifting and Sharing policy and providing support to pre-service health training institutions in the HRH project states.

The conference resulted in heightened interest from other state officials about HRH project activities, with some states making specific enquiries to HRH project implementers, expressing interest in the project, and stating interest and willingness to implement the project’s strategies in their states. There is clear potential for replicating the HRH project interventions in current non-HRH project states, in addition to sustaining HRH project activities in the current project states.

CONCLUSION

While the Population Council enthusiastically supported FMoH in convening the third National HRH Conference in 2017, FMoH and the National HRH Forum should strategize and work to institutionalize these conferences. Institutionalization could be achieved by ensuring that the coordination mechanisms for national HRH conferences are strengthened with a guidance framework formally adopted by FMoH and the national HRH Forum.

National HRH conferences facilitate better long term HRH planning and management, and can ultimately contribute to improved health outcomes in states throughout Nigeria.

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