African Health Professions Regulatory Collaborative initiatives in ECSA Region

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ARC Overview

• 4-year initiative funded through PEPFAR
• Multi-partner engagement and support
• Focus is on east, central and southern Africa
• Method is south-to-south collaboration
• Supports nursing and midwifery leaders
• Improving regulation for HIV service delivery
Key ARC Participants: “The Quad”

- Ministry of Health Chief Nursing Officer (CNO)
- Nursing and Midwifery Professional Association
- Health Professional Training Institutions
- Nursing and Midwifery Regulatory Council
- Professional standards and compliance
- Service delivery, health policies
- Voice to Government for health workers and members
- Pre-service and continuing education

Key ARC Participants: “The Quad”

Objectives

• Sustain the *scale-up of HIV services* through strengthened nursing and midwifery regulatory frameworks

• Align accreditation, licensing, continuing education, scopes of practice, among other *key regulatory functions* with global guidelines and regional standards

• Review legislation and regulation to *strengthen the alignment of policy and practice* for nurses and midwives
Objectives

• *Strengthen the capacity and collaboration of national organizations* to perform key regulatory functions and *mobilize resources*

• Foster a *sustained regional network* of nursing and midwifery regulatory leaders to facilitate the exchange of best practices
The ARC Approach

- Grants
- TA
- Collaboration
- Program Evaluation
The ARC Approach

Adapted from the Institute for Healthcare Improvement (IHI) model for breakthrough organisational change

Legend

AP: Action Period  LS: Learning Session

Call for Proposals

Recruit Expert Faculty

Review Country Team Proposals

Enroll Selected Country Teams

Summative Congress

AP 1

Learning Session 1

AP 2

Learning Session 2

AP 3

Summative Congress ARC Year 4

FEB 2015

May-Jul

July 2015

Aug-Oct

Nov 2015

Nov-Feb

FEB 2016

End

African Health Profession Regulatory Collaborative
FOR NURSES AND MIDWIVES

PEPFAR  NELL HODGSON WOODRUFF SCHOOL OF NURSING
COMMONWEALTH SECRETARIAT
The ARC Approach

- **Annual ARC Congress**
  - Two learning sessions for countries awarded grants
  - Technical assistance

- **Regulation Improvement Grants**
  - Annual competitive process with external peer review
  - Support to address a nationally-identified regulation priority

- **Targeted Technical Assistance**
  - For countries without a regulation improvement grant

- **Evaluation**
  - Stages of change in regulatory practices
Grants: $10,000
ARC Grants – National Investments

- 7 countries – Established CPD programs
- 13 countries – Advanced CPD programs
- 5 countries – Reviewed and revise SOPs
- 3 countries – Reviewed and updated Acts/regulations
- 1 country – Decentralized council services
- 2 countries – Developed entry to practice exams
Technical Assistance – Approaches

- Remote
- On-site
- Learning Sessions
- ARC Knowledge Gateway
- CPD Toolkit
Program Evaluation
Capability Maturity Model

- Ad Hoc
- Documented
- Routine
- Improved
- Optimized

Stage 1
Stage 2
Stage 3
Stage 4
Stage 5
### Program Evaluation

1. Legislation  
2. Registration  
3. Licensure  
4. Scope of Practice  
5. Continuing Professional Development (CPD)  
6. Pre-service Accreditation  
7. Disciplinary Powers

ARC’S IMPACT:
NURSING REGULATION
Key successes for ARC 1

• Improved in-country collaboration among nursing pillars
• Fostered strong country ownership of projects
• Track record in grant and project management
• 7 countries established continuing Professional Development (CPD) programmes to enhance HIV expertise amongst nurses and midwives
• 12 countries improved and advanced their CPD programmes
• 5 countries reviewed and revised Scope of Practice (SOPs)
Successes of ARC 1 cont

• 3 countries updated the nursing laws and regulatory framework
• 1 country decentralized its nursing services, enabling nurses to develop HIV care strategies specific to the local context
• 1 country established a Nursing and Midwifery Council
• 2 countries developed entry to practice exams to enable nurses to qualify for HIV service tasks
• 1 country established a specialty certification in nurse-led HIV care
• Advancing NIMART – Policy & Regulation on scope of practice, accreditation, licensure & CPD
Challenges

• Limited resources: The project has limited funding which results in only a number of countries being awarded the annual grant.

• Time constraints: The projects are led by the Nursing and Midwifery leaders in their respective countries who have competing tasks in their official positions and may not have sufficient time to run ARC activities.

• Changes in quad members: any changes in the positions affects the quad and continuity of the projects.

• National Activities: Impact on national activities led to readjustment of time-frame e.g. political changes in national programs, economic challenges.

• Bureaucracy: Limitations of nursing Leadership to make autonomous decisions related to nursing matters.
Lessons Learnt

• Resources: countries learnt to make use of available limited resources.

• Networking: It is beneficial to liaise with countries that have similar projects.

• Stakeholders: It is important to involve the Ministry of Health and other stakeholders in projects for buy-in and sustainability.

• Fundraising: Countries learnt to explore alternative sources of funding.

• Collaboration: There is great impact on work achieved at national level due to professional collaboration of quad members for quality service delivery geared towards achieving sustainable development goals.
• **Mission of ARC II:** Improve the quality of nursing practice at priority, high-volume sites that provide HIV care and treatment services for children and/or pregnant/breastfeeding women

- ARC Phase II projects was considered for funding if the proposal
  - Identified a service bottleneck for quality delivery of HIV care and treatment services
  - Focuses on a facility-level intervention at a selection of high volume PEPFAR sites
  - Increases the quality of nursing practice
  - Considers scalability to additional sites if impact is proven
  - Guidelines have been given to start preparing for facility assessment including the necessary scientific clearance based on each country’s protocol.

**On going activities**
Laboratory ARC (LARC) Initiative

• In February 2016, ARC Phase II was launched with a focus on meeting the UNAIDS 90-90-90 goals that by 2020:
  – 90% of all people living with HIV will know their HIV status;
  – 90% of all people with diagnosed HIV infection will receive sustained ART;
  – 90% of all people receiving ART will have viral suppression.

• The LARC initiative was launched at same time and targeted 6 countries to work on projects to improve communication and understanding between these two critical groups of health professionals.

• Each country team identified the priority bottle next in a high volume HIV facility to be addressed for LARC activity and 12 months time with grants of $10,000 for the six countries; Kenya, Malawi, Mozambique, Swaziland, Tanzania & Uganda
AIM:

• To improving communication between laboratory technologists and technicians, and nurses and midwives. Integral to achieving the UNAIDS 90-90-90 goals

• Identification and referral for viral load testing; efficient specimen collection and processing; timely and accurate testing; and result reporting and interpretation by clinicians leading to appropriate patient management

• On going activity in 6 countries
VIRAL LOAD CASCADE

Ellenberger D. Viral Load presentation. ARC Summative Congress Namibia February 2015
Conclusion

- Good governance and leadership in health sector begins with the national leaders of a country
- ARC approach is designed to empower the Nursing & Midwifery leaders as senior members of policy makers in their respective countries
- ARC has build capacity in nursing & midwifery leaders in various skills such as leadership, fundraising, project & finance management
- Sustainability plans to address priority needs and improvement of health workforce
- Therefore support from country ministry of health and other stakeholders to sustain the gains is very important
• THANK YOU