

## New HRH Technical Articles

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- Community Health Workers: a Review of Concepts, Practice and Policy Concerns
- Improving quality of reproductive health care in Senegal through formative supervision: results from four districts
- International migration outlook 2007
- Nurse migration and its implications for Philippine hospitals
- Migration of nurses from sub-Saharan Africa: A review of issues and challenges
- [HCW] Annals of Family Medicine issue on RN health workforce from abroad
- Study from India shows affirmative-action programs help slowing physician emigration
- Public-private options for expanding access to human resources for HIV/AIDS in Botswana
- BMJ - Increase supervision and financial incentives can reduce in-hospital mortality
- Impact of insurance and supply of health professionals on coverage of treatment for hypertension in Mexico: population based study
- The contribution of international health volunteers to the health workforce in sub-Saharan Africa
- HIV and infant feeding counseling: challenges faced by nurse-counselors in northern Tanzania
- Human resource management in the Georgian National Immunization Program: a baseline assessment
- Initial community perspectives on the Health Service Extension Programme in Welkait, Ethiopia
- The precarious supply of physical therapists across Canada: Exploring national trends in health human resources (1991 to 2005)
- The Future Direction of General Practice - A roadmap
- Core Competencies for Public Health in Canada: Release 1.0
- Optimal wages in the market for nurses
- How can we overcome the challenges and build on successes to provide effective mental health care in resource poor settings?
- Criticisms on US plan to expand medical training in the BMJ

## Task Shifting Meeting in Ethiopia

By Nonglak Pagaiya, Researcher Human Resources for Health Research and Development Office (HRDO)

The conference was held to introduce the guideline of Task Shifting (TS) (in HIV/AIDS) to member countries, particularly countries faced with high burden of HIV/AIDS. The development of TS documents and the consultations have been carried out during the last one and a half year. The final guideline was introduced in this conference.

There were approximately 400 participants, including 12 ministers of health from countries in Africa (Central Africa Republic, South Africa, Namibia, Nigeria, Zambia, Malawi, Ethiopia, Togo, Uganda, Haiti, Rwanda, Bangladesh) who attended the meeting throughout 3 days. The meeting was co-chaired by minister of health from Ethiopia and Malawi.

The meeting was organized into 3 plenary sessions and 2 concurrent sessions.

The 3 plenary sessions include:

- universal access and health systems,
- innovations in HRH capacity development to tackle health challenges, and
- global health initiatives and HRH (Donors and funds), respectively.

The concurrent session 1 includes:

- Mid-level cadres- the short and medium term response to

- community health workers-the response to the urgent need to scale up access to essential services,
- estimating HRH needs to provide universal access to high quality HIV services,
- regulating health service delivery for task shifting of HIV care and treatment services.

The concurrent session 2 includes:

- financial and economic implications of an expanded HRH on TS,
- the role of professional associations in the response to HRH crisis,
- training programme and TS,
- relevance of TS to other diseases programmes and current experience.

Ministerial briefing (2 hours) on TS was also organized during the 2<sup>nd</sup> day of the conference to brief the ministers on the TS guideline as there was some oppositions from some ministers.