

MAKING A DIFFERENCE: The African Regulatory Collaborative

The African Health Profession Regulatory Collaborative for Nurses and Midwives (ARC) is a four-year partnership between the Centers for Disease Control and Prevention (CDC); the Commonwealth Secretariat; the Lillian Carter Center for Global Health and Social Responsibility at Emory University; the East, Central and Southern Africa Health Community (ECSA-HC); and the Commonwealth Nurses Federation (CNF).

ARC convenes nurse and midwife leaders from participating African countries for the purpose of facilitating south-to-south collaboration around professional regulatory issues, such as scope of practice, licensing, accreditation of training, and continuing education. The ARC initiative was made possible through funding from the United States of America President's Emergency Plan for AIDS Relief (PEPFAR).

Objectives

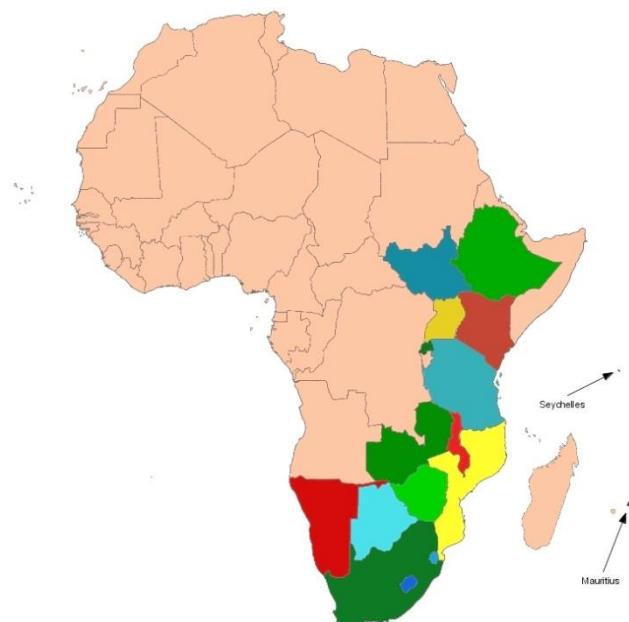
ARC has four overarching objectives for meeting global standards for education and practice. These objectives are aimed at advancing regulatory frameworks, strengthening organizational capacity, and developing nursing and midwifery leadership.

1. Ensure that quality standards of nursing and midwifery practice are harmonized in the east, central and southern Africa (ECSA) region and align with global standards.
2. Ensure that national regulatory frameworks for nursing and midwifery are updated to reflect nationally- approved reforms to practice and education.
3. Strengthen the capacity of professional regulatory councils to conduct key regulatory functions in nursing and midwifery within the ECSA region.
4. Establish sustained consortia of African health leadership in nursing and midwifery practice and regulation.

The ARC conceptual framework is adapted from the Institute for Healthcare Improvement (IHI) model for 'breakthrough' organizational change.¹ The Institute for Healthcare Improvement Breakthrough Series® model is a short-term (6 to 15 month) learning system in which organisations learn from each other, as well as from recognised experts, about an area needing improvement. The structure of the IHI model is a series of alternating Learning Sessions and Action Periods.

During the Learning Sessions, teams from participating organisations come together to learn about and discuss the chosen topic and plan specific changes to implement in their home institutions. During the Action Periods, the teams return to their home institutions and work together on the planned changes. At the conclusion of the collaborative cycle, participating organisations engage in a Regional Congress to share lessons learned and produce publications to share their breakthrough improvements.

Participating countries in the ARC initiative are those in the east, central and southern Africa (ECSA) region: Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Rwanda, the Seychelles, South Africa, South Sudan, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.



The first meeting of ARC was held in Nairobi, Kenya in February 2011 with fourteen ECSA countries attending. At the meeting, ARC issued a call to countries for the submission of proposals for small grants (US\$10,000) to work on an aspect of regulatory change. Ten countries submitted proposals with five countries being successful.



Lesotho submitted a proposal to develop a national continuing professional development program (CPD). Malawi submitted a proposal to enhance the implementation of their national CPD program and develop monitoring and evaluation tools.

¹ The Breakthrough Series: IHI's collaborative model for achieving breakthrough improvement. Cambridge, Massachusetts: Institute for Healthcare Improvement 2003. Available from: <http://www.IHI.org>

Mauritius submitted a proposal to insert a mandatory qualification for nurse and midwife educators into their nursing and midwifery legislation. The Seychelles submitted a proposal to review their nursing and midwifery legislation to include a requirement for the Registrar to be a nurse and to clearly outline the Registrar's role and Swaziland submitted a proposal to develop a national CPD program.

Two learning sessions were held for the five countries – Durban, South Africa in June 2011 and Arusha, Tanzania in September 2011 – when the countries were provided with an opportunity to report on their progress; gain feedback from their colleagues; and develop practical skills in project management.



Year 2 of the ARC initiative began with a regional congress in June 2012 in Johannesburg, South Africa with 17 countries attending. Ten countries submitted proposals for small grants with six countries being successful.

Botswana and Tanzania both submitted proposals to develop national CPD programs. Uganda submitted a proposal to develop 'scopes of practice' for their nursing and midwifery cadres. Kenya submitted a proposal to decentralise their regulatory functions in line with the country's new constitution and Swaziland submitted a proposal to implement the national CPD program they developed in ARC Year 1.



The first learning session for the six successful countries was held in Pretoria, South Africa in September 2011. The second learning session will be held in Gaborone, Botswana in February 2012.



The innovative design of the ARC initiative has led to a range of very successful outcomes. One of the most important outcomes has been the strengthening of nursing and midwifery leadership in each country. The ARC proposals require that a high-level consortium - a quad - is established comprising the chief nursing officer, the registrar of the regulatory body, the president or chief executive of the national nursing association and a senior representative of nursing and midwifery education. The quad not only has to submit the proposal but also commit to working together to manage and implement the project. Coming together for the ARC initiative is quite often the first time that the nursing and midwifery leadership in countries have worked together on anything. The positive relationships and understanding that have resulted within the nursing and midwifery leadership has been a significant development with flow on effects to other areas of cooperation.

Another important outcome has been the South-to-South learning and networking. In a positive and collegiate environment, countries learn from and share with each other. The successful outcomes of the different projects will make an immeasurable contribution to nursing and midwifery in each country both now and into the future.

The CNF and CNF members have also benefitted. The CNF has been able to generate income from the services it provides to ARC. The CNF writes the reports of each meeting. These can be found on the CNF website: <http://www.commonwealthnurses.org>. The CNF also provides technical assistance to specific countries, particularly in relation to CPD and scopes of practice and in the future hopes to be able to work with countries to develop competency standards and workload measurement tools. The ARC meetings also provide an opportunity for the CNF to meet with its members in the ECSA region and develop a closer relationship with them.

The ARC initiative is a win-win situation for everyone involved; a wonderful example of what can be achieved when there is vision, commitment and hard work. The CNF is hoping that at the end of the 4 year initiative, funding will be available to replicate the initiative in West Africa.

