

THE AFRICAN HEALTH PROFESSIONS REGIONAL COLLABORATIVE



History

The African Health Professions Regulatory Collaborative for Nurses and Midwives (ARC) began as 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 and Midwives Federation (CNMF). ARC convened 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) under their health system strengthening portfolio.

The ARC initiative was the outcome of a meeting in March 2005 between Emory University, the Commonwealth Secretariat, the CDC, and the ECSA-HC when a number of challenges for the nursing and midwifery workforce were identified. These challenges included the poor attendance at births by skilled health personnel; the acute shortage of nurses and midwives; the lack of country capacity in Africa for scaling up the education of nurses and midwives; and a lack of adequate data to inform policies and workforce planning.

The rationale for the ARC initiative was that: there is a proven correlation between the number of providers and health outcomes; there is a disproportionate correlation between the high burden of disease in sub-Saharan Africa and the available workforce; global initiatives have invested in patient services without comparable investments in workforce issues; and the largest workforce in Africa's health delivery system are nurses and midwives.

Objectives

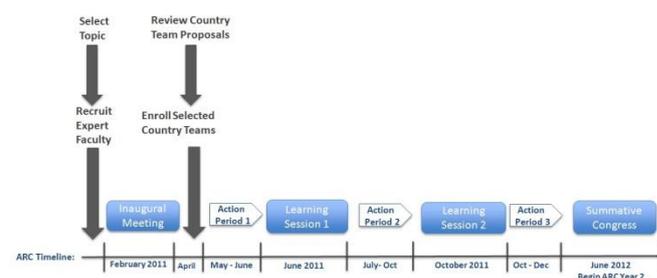
In the first phase, ARC had four overarching objectives for meeting global standards for education and practice. These objectives were aimed at advancing regulatory frameworks, strengthening organizational capacity, and developing nursing and midwifery leadership. The first phase objectives were:

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.

Conceptual Framework

The ARC conceptual framework is adapted from the Institute for Healthcare Improvement (IHI) model for 'breakthrough' organizational change: a short-term (6 to 15 month) learning system in which organizations learn from each other, as well as from recognized 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 organizations come together to learn about 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 organizations engage in a Regional Congress to share lessons learned and produce publications to share their breakthrough improvements.

IHI Breakthrough Improvement Model (adapted to ARC) <http://www.IHI.org>



ARC ECSA

The first meeting of ARC for east, central and southern Africa (ARC ECSA) was held in Nairobi, Kenya February 2011 and the final meeting in Lusaka, Zambia in July 2017. The countries involved were: Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.

In the first year of ARC ECSA, five competitive grants of US\$ 10,000.00 were awarded to Lesotho, Malawi, Mauritius, Seychelles, and Swaziland. Lesotho and Swaziland aimed to develop a national continuing professional development (CPD) framework; Malawi to refine their existing national CPD framework; while Mauritius and Seychelles aimed to revise and improve their national nursing and midwifery legislation.

In the second year of ARC ECSA, six grants of US\$ 10,000.00 were awarded to Botswana, Kenya, Swaziland, Tanzania, Uganda, and Zimbabwe. The focus of the Botswana and Tanzania grants was to develop national CPD frameworks. Kenya aimed to devolve some of the services of their nursing and midwifery regulatory council to make them more accessible; Swaziland aimed to build on their Year 1 grant by sensitising nurses and midwives to the new CPD requirement, update their data base, and develop log books and monitoring and evaluation tools. Zimbabwe planned a country-wide sensitisation program for their CPD requirement; and Uganda chose to develop scopes of practice for nurses and midwives.

In the third year of ARC ECSA, ten grants of US\$ 10,000.00 were awarded to: Botswana, Lesotho, Namibia, Rwanda, Seychelles, South Africa, South Sudan, Swaziland, Uganda, and Zambia. South Africa and Zambia developed national CPD frameworks; Swaziland chose to develop an entry to practice licensing examination, Botswana conducted a gap analysis of HIV education and developed a train the trainer program to orient nurses and midwives to the new CPD requirement; Lesotho's project was to include HIV related activities in their national CPD program as well as develop accreditation criteria for CPD providers and content and develop monitoring and evaluation tools. Rwanda, South Sudan, and Uganda chose to review their scopes of practice to include HIV specific activities; while Seychelles developed HIV competencies, a HIV scope of practice, and HIV training program; and Namibia conducted a survey on compliance with their CPD program.



Year 1 ARC ECSA 1st Learning Session, Durban South Africa

In Year 4 of ARC ECSA, eleven grants of US\$ 10,000.00 were awarded to Botswana, Ethiopia, Kenya, Lesotho, Mozambique, Rwanda, Seychelles, South Africa, Tanzania, Zambia and Zimbabwe. The specific focus of the Year 4 grants was on enhancing HIV care and treatment.

Botswana's focus was on developing scopes of practice which included HIV content; Ethiopia planned to strengthen their national CPD program to include HIV content; Kenya undertook a needs analysis on paediatric HIV and developed a CPD module to meet the gaps; and Lesotho monitored ANC records for compliance and to follow up all HIV positive mothers and babies. In the absence of a national regulatory council, Mozambique's project aimed to strengthen the national professional association so they could participate in the evaluation of core competencies for the national licensing examination. Rwanda developed a module on HIV care and treatment for pre-service and in-service education programs; Seychelles developed a national CPD program with HIV content; South Africa chose to develop a specific HIV qualification for nurses and midwives; while Tanzania developed a mandatory HIV module for incorporation into their national CPD program. Zambia developed HIV inclusive accreditation guidelines for CPD providers and content; and Zimbabwe chose to establish a paediatric HIV training program for nurses and midwives.



Year 4 ARC ECSA 1st Learning Session, Johannesburg South Africa July 2015

Eleven grants of US\$ 10,000.00 were also awarded in ARC ECSA Year 5 to: Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Rwanda, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. The major focus was again on HIV care and treatment at selected high HIV volume sites. Ethiopia's project focus was on improving respectful HIV maternal care; Kenya focused on enhancing the competencies of nurse or midwife-led care for HIV exposed infants and paediatric HIV; Lesotho developed a mentorship program for nurses and midwives working in HIV; and Malawi's focus was on early infant diagnosis of HIV and follow up of HIV exposed infants. The focus for both Mozambique and Zimbabwe was on improving the quality of adolescent sexual and reproductive health, specifically in relation to identification and treatment of HIV; Rwanda chose to scale up paediatric HIV competencies; Swaziland looked at preventing mother to child transmission of HIV (PMTCT) and Option B+ services; and Tanzania chose to operationalise a task sharing policy developed for the provision of HIV services. Uganda used mentorship to improve HIV care and treatment for children; while Zambia also used a mentorship program to improve retention of children and pregnant and breastfeeding women on anti-retroviral therapy.



Year 5 1st Learning Session Entebbe, Uganda November 2016

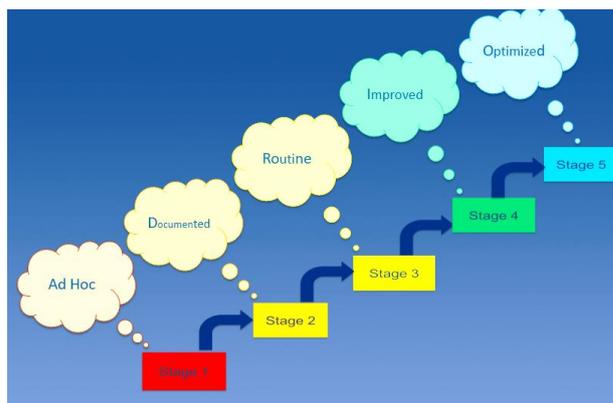
The final ARC ECSA meeting was held in Lusaka, Zambia July 2017. The meeting was a celebration of all that had achieved through the ARC initiative. The development of project management skills, familiarity with project management tools, and the experience of project management was highlighted as a significant benefit. The consolidation of national nursing and midwifery leadership between academia, management, professional and industrial associations, and the regulatory body, as a result of working together on projects, was also highlighted as a significant benefit. Countries were glad to have been involved in the ARC initiative but sorry it had come to an end.

ARC ECSA Distribution of Grants



The ARC ECSA initiative was evaluated using a tool specifically developed for the purpose by Dr Carey McCarthy, a member of the ARC Faculty and a Health Systems Scientist at the Center for Disease Control and Prevention in Atlanta, Georgia, USA. The tool, titled the Regulatory Function Framework was based on the Capability Maturity Model.

Capability Maturity Model



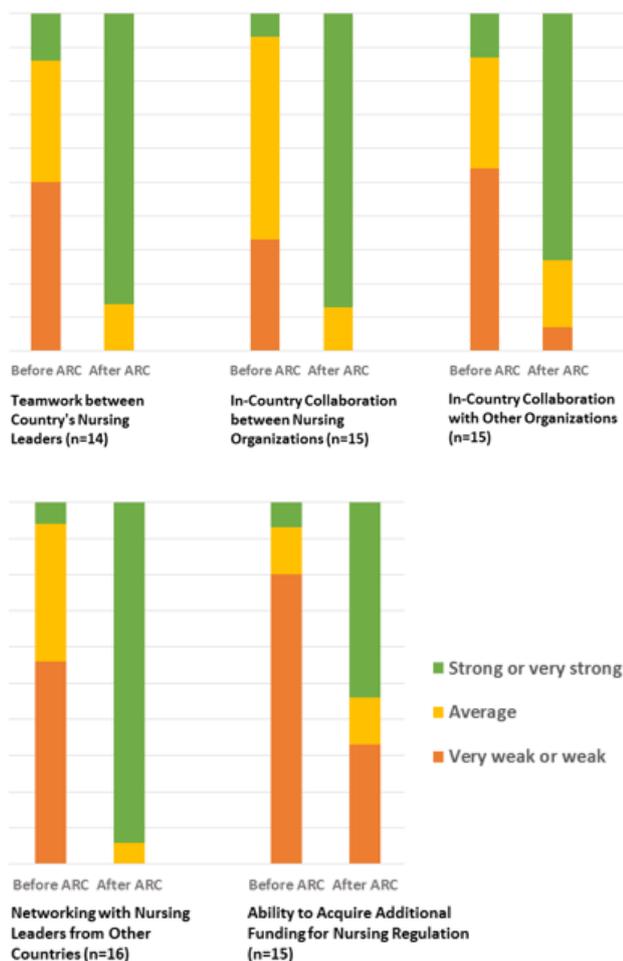
The Capability Maturity Model is a five step successive process with each step building on the one before it. All elements of each stage have to be achieved in each stage.

The Regulatory Function Framework developed for the ARC ECSA initiative evaluated the following areas:

- Legislation
- Registration
- Licensure
- Scope of Practice
- Continuing Professional Develop
- Pre-service accreditation
- Regulatory disciplinary powers

Each area had five successive stages and each stage had three or more elements.

Additionally, each ARC ECSA meeting was evaluated by participants and regular country surveys were conducted on key aspects of importance. The graphs below demonstrate the change in countries at the beginning and end of the ARC ECSA initiative on selected key aspects.



Teamwork

Prior to ARC, each nursing pillar operated individually. There was miscommunication, a lack of coordination and wasted resources ... currently the pillars are working together with a common goal."

Collaboration within nursing and midwifery

"Before ARC, there was no communication between the CNO's office, regulation, and the schools. The Association was not supportive of council activities. All organizations now work together and support each other ... messages are disseminated across all organizations."

Collaboration outside nursing and midwifery

"Our networks have increased beyond the MOH to other professional groups, NGOs and development partners. We have been able to form linkages for technical support and funding."

Networking with other nursing leaders

"We now attend frequent and interactive meetings. Topics of common interest are presented and discussed, and guidance is provided to strengthen regulatory capacity. There is consultation with other nurse leaders from various countries."

Increased funding opportunities

"Before, we had few opportunities for additional funding because organisations came with their own agendas. Now we have several opportunities for additional funding. As the leadership group we are able to identify our needs and set goals and objectives. A number of organisations have been able to support our projects."

CPD Toolkit

The interest from ARC ECSA countries in continuing professional development frameworks led to the development of a CPD Toolkit which is freely available in English and French and has been used by many countries to guide the development of their own frameworks. A large number of other resources were also developed by countries through their projects – copies of CPD frameworks, scopes of practice, standards, accreditation guidelines etc and these are also available on the ARC website.

The CPD Toolkit can be downloaded from the home page of the ARC website:

<http://www.africanregulatorycollaborative.com>.

ARC Website



A website was developed for the ARC initiative in order to capture the achievements of ARC and make accessible information about the various country projects and the vast range of speaker presentations at the learning sessions. At the close of the ARC initiative it was decided to keep the ARC website "live" for a period of five years so that the resources remain available for researchers and students.

<http://www.africanregulatorycollaborative.com>

Many people contributed to the success of the ARC initiative: the in-country leadership teams; personnel from CDC, Emory University, ECSA College of Nursing, and the Commonwealth Nurses and Midwives Federation. Additionally so many speakers generously shared their wisdom and expertise.